

# Best Practices for Counseling Clients Experiencing Poverty: A Grounded Theory

Madeline Clark, Clark Ausloos, Colleen Delaney, Linda Waters, Lena Salpietro, and Hannah Tippett

Poverty is a pressing sociopolitical issue in the United States and worldwide. Poverty experiences have a significant effect on one's mental health and overall wellness. Therefore, the ability to effectively serve clients experiencing poverty is critically important to professional counselors. However, there are no empirical models for counseling clients experiencing poverty. The authors present the results of a constructivist grounded theory study in which 21 professional counselors who work with clients experiencing poverty were interviewed to identify best practices for working with this population. Five major best practices are identified: (a) awareness, (b) training, (c) knowledge, (d) skills, and (e) advocacy. Implications for professional counseling are included.

*Keywords:* poverty, competency, counseling, best practices, MSJCC

The increased social, economic, and physical and mental health risks related with poverty mean professional counselors must be prepared to counsel clients experiencing poverty as a unique marginalized group (Smith, Foley, & Chaney, 2008). Poverty experiences increase the risks of ill-health and mental illness that are often caused by social and economic barriers associated with poverty, such as limited access to food, housing, employment, education, health care, and mental health care (World Health Organization [WHO], 2007, 2010). Clients experiencing poverty present with unique mental health needs (WHO, 2010) that require specific and intentional interventions from professional counselors (Foss-Kelly, Generali, & Kress, 2017). This area of competency is critical for counselors; 11.8% of the U.S. population (about 38 million people) experienced poverty in 2018 (Semega, Kollar, Creamer, & Mohanty, 2019). Poverty in the United States is measured by the *federal poverty level*, an income-based measure to establish a poverty threshold (U.S. Census Bureau, 2019). Individuals and families whose income is half of this poverty threshold are identified as living in *deep poverty* (living on less than \$12,800 for a family of four), a status that is often generational and has a lasting impact on social, emotional, and educational development (Shaefer & Edin, 2012). In 2016, 18.5 million people in the United States experienced deep poverty (Semega, Fontenot,

& Kollar, 2017). The physical and mental health challenges of this group differ from those of other social class groups (e.g., the working class; Weissman, Pratt, Miller, & Parker, 2015). Professional counselors are in a unique position to provide services to alleviate the strain experienced by people who live in deep poverty.

Poverty is an intersectional issue that affects people of all gender identities, sexual identities, racial/ethnic identities, partnership statuses, educational levels, and geographic locations (Semega et al., 2019). Poverty experiences affect marginalized individuals (e.g., women, children, people of color, people with disabilities) at greater percentages than those who are not members of marginalized groups (Semega et al., 2019). Women experience poverty at rates higher than men (12.9% vs. 10.6%), African Americans experience poverty at rates higher than Whites (20.8% vs. 10.8%), and people with disabilities experience poverty at rates significantly higher than those without disabilities (25.7% vs. 9.5%; Semega et al., 2019). These marginalized groups experience discrimination based on identity factors (e.g., gender, race, ability) in addition to the barriers associated with poverty experiences, which can lead to multiple experiences of minority stress (Meyer, 2003).

Physical health and mental health are significantly affected by an individual's poverty experiences (Krieger, Chen,

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Waterman, Rehkopf, & Subramanian, 2005; Weissman et al., 2015; WHO, 2007, 2010). People experiencing poverty have higher rates of mortality and chronic illnesses such as diabetes and hypertension (Krieger et al., 2005). Beyond physical health, poverty experiences also have a negative impact on one's mental health (Weissman et al., 2015; WHO, 2007, 2010). Poverty experiences and depth of poverty (such as deep poverty) increase the likelihood of mental illness (Weissman et al., 2015). People experiencing poverty often have higher rates of mental illness (8.7%) than people who live above the federal poverty level (1.2%; Weissman et al., 2015). Furthermore, people experiencing poverty are more likely to be diagnosed with schizophrenia than those who do not experience poverty (WHO, 2010). Poverty experiences affect a person's ability to be employed; this challenge can further the depths of poverty a person experiences and negatively affect mental health (WHO, 2007). These employment and mental health barriers create a cycle of poverty that is difficult for a person to escape, especially without efficacious mental health interventions (WHO, 2007). This cycle of poverty can limit the social and economic mobility of individuals and families for multiple generations, leading to what is typically understood as *generational poverty* (Edwards, 2014). Generational poverty, in contrast to situational poverty (e.g., a period of lost employment that resolves), causes lasting socioemotional challenges, health and mental health concerns, and experiences of chronic and acute stress, making it nearly impossible for an individual or family to gain access to resources that would move them out of poverty (Edwards, 2014).

## The Multicultural and Social Justice Counseling Competencies and Counseling Clients Experiencing Poverty

### Ethical Mandate

It is clear that counselors must not discriminate in their work with people of various socioeconomic statuses (including those experiencing poverty) as outlined by the *ACA Code of Ethics* (American Counseling Association [ACA], 2014, Standard C.5., Nondiscrimination): "Counselors do not condone or engage in discrimination against prospective or current clients . . . based on age, culture, disability, ethnicity, race, religion/spirituality, gender, gender identity, sexual orientation, marital/partnership status, socioeconomic status, immigration status, or any basis proscribed by law." Beyond this ethical mandate, the counseling profession also endorses the Multicultural and Social Justice Counseling Competencies (MSJCC; Ratts, Singh, Nassar-McMillan, Butler, & McCullough, 2015) and the ACA Advocacy Competencies (Lewis, Arnold, House, & Toporek, 2003; Toporek & Daniels, 2018). These documents outline standards and best practices for professional counselors related to multicultural

counseling, social justice, and advocacy (Lewis et al., 2003; Ratts et al., 2015; Toporek & Daniels, 2018).

### The MSJCC and ACA Advocacy Competencies

The MSJCC revised and updated the Multicultural Counseling Competencies (MCC; Sue, Arredondo, & McDavis, 1992) and provide "a framework to implement multicultural and social justice competencies into counseling theories, practices, and research" (Ratts et al., 2015, p. 3). The MSJCC are relevant to the counseling of clients who experience poverty, because social class and socioeconomic status (such as poverty experiences) are important facets of diverse experiences that counselors should consider in sessions with clients (Toporek, 2013). The MSJCC require counselors to examine how their and their clients' power, privilege, and oppressive experiences influence the counseling relationship (Ratts et al., 2015). A thorough examination of power and privilege can be useful when counseling clients who experience poverty (Foss-Kelly et al., 2017), especially in the many cases in which the counselor has greater social class power and privilege than the client (e.g., middle-class counselor with class privilege). In addition to these intersecting factors, the MSJCC also highlight the following domains counselors should attend to in order to achieve multicultural and social justice competence: (a) counselor self-awareness, (b) client worldview, (c) counseling relationship, and (d) counseling and advocacy (Ratts et al., 2015). These components are often discussed when examining best practices in counseling clients experiencing poverty (e.g., Baggerly, 2006; Clark & Bower, 2016; Foss-Kelly et al., 2017), specifically in relation to self-awareness of class identity, poverty barriers experienced by the client, and empowerment/advocacy.

The ACA Advocacy Competencies (Lewis et al., 2003; Toporek & Daniels, 2018) provide a framework for counselors to engage in social justice and advocacy with clients from all backgrounds, including clients experiencing poverty. The competencies outline how counselors can and should engage in advocacy *with* and *on behalf of* clients at the (a) micro (individual), (b) meso (community systems), and (c) macro (sociopolitical) levels. This may include advocating for clients within session (micro), within a community (meso), or nationally (macro). Throughout the literature, advocacy at any level is an important aspect of counseling clients who experience poverty (e.g., Foss-Kelly et al., 2017). Although both the MSJCC (Ratts et al., 2015) and ACA Advocacy Competencies (Lewis et al., 2003; Toporek & Daniels, 2018) offer a broad outline for counseling with diverse and marginalized populations, they do not offer specific interventions or skill sets for counseling clients experiencing poverty.

### Counseling Clients Experiencing Poverty: Opportunities and Challenges

Although poverty experiences are prevalent (Semega et al., 2019) and related to significant mental health needs

(Weissman et al., 2015), there has been little research in counseling scholarship regarding poverty, the people who experience poverty, social class, or socioeconomic status (Clark, Cook, Nair, & Wojcik, 2018). Scholars have provided some strategies for working with clients experiencing poverty (Baggerly, 2006; Clark & Bower, 2016; Foss-Kelly et al., 2017; Liu, 2001; Myers & Gill, 2004). These strategies include counselors' awareness of their beliefs about social class, poverty, and people who experience poverty; the barriers and consequences of clients' experiences often caused by poverty (housing, food, health care, etc.); client empowerment; strengths-based counseling interventions; and advocacy with and on behalf of clients experiencing poverty (Baggerly, 2006; Clark & Bower, 2016; Foss-Kelly et al., 2017; Liu, 2001; Myers & Gill, 2004). Beyond these strategies, a conceptual model was created to address the counseling of clients experiencing poverty (Foss-Kelly et al., 2017). This conceptual model, the I-CARE model, uses a mnemonic device to outline strategies and interventions counselors can use when working with clients experiencing poverty (Foss-Kelly et al., 2017). The I-CARE model suggests that counselors, first, *internally reflect* on their beliefs about poverty and the people who experience poverty. Second, counselors should actively *cultivate the relationship* with clients who are experiencing poverty, as strong rapport is a cornerstone of effective counseling work with this population. Counselors must *acknowledge the realities* of poverty (such as limited finances, lack of transportation, strained resources) and work with and on behalf of clients to *remove barriers* in clients' lives. Finally, counselors should use strengths-based approaches and interventions to *expand on the strengths* of these clients. The I-CARE model provides detailed steps and strategies counselors can use when working with clients experiencing poverty, but it is only conceptual; there is a need for poverty counseling best practices that are empirically supported.

## ■ The Present Study

The purpose of this study was to discover strategies that professional counselors use when counseling clients experiencing poverty in order to establish an empirically supported theory of poverty counseling best practices. These best practices have yet to be established in the counseling literature despite the prevalence of poverty in the United States (Semega et al., 2019), the barriers and negative outcomes associated with poverty experiences (Krieger et al., 2005; Weissman et al., 2015; WHO, 2007, 2010), the ethical mandate for non-discrimination regardless of a client's socioeconomic status (ACA, 2014), the call for more research with and on behalf of multicultural populations in counseling (O'Hara et al., 2016), and the multicultural and social justice competencies required of all counselors (Ratts et al., 2015). The research

question that we used to guide this study was "What are the best practices and skills that professional counselors who work with clients experiencing poverty believe are necessary to effectively serve this population?" To answer this, we implemented a constructivist grounded theory approach.

## ■ Method

We selected a grounded theory qualitative approach because it enables us to analyze data to inductively construct a theory while maintaining the rich worldview of participants via grounded theory (Charmaz, 2014). Additionally, this method allows us to maintain a close relationship with the data and with participants' voices while engaging in theory creation (Hays & Singh, 2012). The use of a grounded theory qualitative tradition allowed us to organize the experiences of counselors who work with clients experiencing poverty to create a theoretical model of poverty counseling best practices (Charmaz, 2014).

We chose a constructivist paradigm for this research. This paradigm requires researchers to approach data with the assumption that knowledge itself is constructed and affected by people's experiences and that their experiences are meaningful, valid, and subjective (Hays & Singh, 2012). Furthermore, constructivism is a typical and suggested paradigm when one engages in grounded theory research (Charmaz, 2014). In addition to the constructivist paradigm, we used the MSJCC (Ratts et al., 2015) to guide our coding process, particularly focusing on the main components of the MSJCC, such as necessary counselor knowledge, awareness, skills, and advocacy when counseling clients experiencing poverty.

### The Research Team

Transparent discussions of researcher positionality are a critical component of rigorous and trustworthy qualitative research, especially in grounded theory (Charmaz, 2014; Hays & Singh, 2012). The research team itself is an instrument in data collection, analysis, and presentation.

For the present study, all six authors identify as White, with all but the second author (a cisgender man) identifying as cisgender women. Four authors identify as heterosexual, and two authors identify as members of the lesbian, gay, bisexual, transgender, and queer community. The authors range in age from mid-20s to mid-50s and come from a variety of social classes ranging from lower working class to upper middle class; none have experienced poverty. All authors reside in urban, suburban, and rural communities in or around a city in the U.S. Midwest.

The first author is a counselor educator with many years of experience counseling clients experiencing poverty in community mental health and nonprofit settings. The first author has 6 years of experience as a qualitative researcher and has a research agenda that is specifically focused on poverty and

social class issues. The second through sixth authors were doctoral students at the first author's institution at the time of data collection and analysis. All of these authors have experience working with clients experiencing poverty in various settings (schools, private practice, community mental health agencies, substance use and addictions, nonprofit settings). These authors' counseling experience ranged from 2 to 20 or more years. The first author was the primary investigator in this study and was involved with sampling participants, organizing interviews, conducting interviews, and analyzing data. The second through fourth authors were involved in data analysis. The fifth and sixth authors provided additional support to this study via transcription and data management.

Our various identities influenced the research process, congruent with expectations in a qualitative design (Hays & Singh, 2012). Data collection analysis was influenced by our identities (i.e., White, mostly cisgender women, and midwestern). We expected that counselors who counsel clients experiencing poverty would have insight into this specific phenomenon, as all of us have worked directly with this population as professional counselors. We expected that participants would share information related to critical skills and/or theories that would be beneficial when counseling clients experiencing poverty.

### Participants and Procedure

Before sampling, we secured institutional review board approval. Upon approval, we began purposive and snowball sampling of participants who met our inclusion criteria (Hays & Singh, 2012). To meet our inclusion criteria, participants had to identify as professional counselors, practice in a clinical mental health setting, and have at least 10% of their caseload experiencing poverty. Participants could be independently or provisionally licensed in their location of practice. There were no exclusions based on participants' age, gender, racial or ethnic identity, region of practice, or practice setting. We selected this sampling strategy and inclusion criteria because of the belief that counselors who work directly with clients experiencing poverty would be able to provide important data to outline best practices and perceived competencies when working with their clients.

First, we used several electronic mailing lists, including from CESNET-L (Counselor Education and Supervision Network Listserv, an electronic mailing list of approximately 3,500 counselor educators, counseling graduate students, and supervisors) and the Ohio Counseling Association (OCA), to send an initial call for participants; we also contacted the clinical directors of three large community mental health agencies in our region. We sampled from the two electronic mailing lists to ensure we had access to a national sample (CESNET) and to a group of professional counselors likely not involved in counselor education (OCA). We contacted local community mental health agencies purposively, with the

expectation that many counselors working in those settings would meet our study's inclusion criteria. This initial call for participants yielded 12 participants. During these interviews, we engaged in snowball sampling by asking participants if they knew of other professional counselors who met our inclusion criteria. Many participants connected us to other possible participants, which yielded nine more participants for a total of 21 participants. Appropriate to a grounded theory, we engaged in simultaneous data collection and analysis, meaning we completed, transcribed, and coded interviews continuously (Charmaz, 2014). This process allowed us to determine when we reached saturation, which is the standard by which an adequate sample size is met in grounded theory (Charmaz, 2014; Hays & Singh, 2012). We knew we reached saturation in our 21st transcript when participant interviews and codes were no longer new.

Participants ranged in age from 24 to 64 years ( $M = 39.6$ ,  $SD = 12.1$ ) and had been practicing as professional counselors from 1 to 42 years ( $M = 11$ ,  $SD = 10.9$ ). Of the sample, 14 participants identified as cisgender women (66.7%) and seven identified as cisgender men (33.3%); 16 participants identified as White (76.2%), two as multiracial (9.5%), two as biracial (9.5%), and one as Hispanic (4.8%). Participants came from various locations around the United States: Ohio ( $n = 12$ , 57.1%), Illinois ( $n = 2$ , 9.5%), and Idaho, Maryland, Michigan, Missouri, Texas, Virginia, and West Virginia ( $n = 1$ , 4.8% each). Regarding licensure, 16 (76.2%) participants were independently licensed, and five participants (23.8%) were provisionally licensed in their state of practice. Some participants held additional licensures/credentials, such as supervisory endorsements ( $n = 6$ , 28.6%), substance use/addictions licenses ( $n = 5$ , 23.8%), licensed marriage and family therapist ( $n = 1$ , 4.8%), or registered play therapist ( $n = 1$ , 4.8%). Participants worked in a variety of settings, including community mental health ( $n = 11$ , 52.4%), private practice ( $n = 4$ , 19.0%), and multiple practice settings ( $n = 3$ , 14.3%), and one participant (4.8%) each worked in either a hospital, university counseling center, or nonprofit setting. Participants had various educational backgrounds, including master's degrees in clinical mental health counseling ( $n = 17$ , 81%), community mental health counseling ( $n = 1$ , 4.8%), marriage and family counseling ( $n = 1$ , 4.8%), or multiple counseling master's degrees (such as school and clinical mental health;  $n = 2$ , 9.5%). Five (23.8%) participants had PhDs in counselor education. All participants had clients on their caseload (ranging from 10% to 100% of their clients) experiencing poverty ( $M = 68%$ ,  $SD = 0.03$ ). (Percentages may not total 100 because of rounding.)

### Data Collection

Participants were invited to complete an in-depth individual interview. Participants signed an informed consent document before completing the demographic questionnaire and prior to the individual interview. The interviews were audio recorded,



with permission from participants, and lasted from 60 to 120 minutes ( $M = 90$  minutes).

The demographic questionnaire included eight items to ensure participants met our inclusion criteria. Participants were asked to provide their age, gender, ethnocultural identity, years practicing as a professional counselor, location (state), license type(s), current practice setting, and approximate percentage of current clients experiencing poverty. Participants were then asked to select their master's degree type (addictions, career, clinical mental health, clinical rehabilitation, college, marriage and family, school, or other) and to indicate if they earned a PhD in counselor education or another field.

In accordance with the grounded theory tradition (Charmaz, 2014), we used individual interviews as a primary source of data collection. The interviews were guided by a 13-item interview protocol that was created to elicit participant responses related to their experiences counseling clients experiencing poverty (Charmaz, 2014). Interviews were semistructured, meaning that in addition to the 13-item protocol, we also used probes and reflections to clarify participant statements and meaning (Charmaz, 2014; Hays & Singh, 2012). We created the protocol items collaboratively to reflect our experiences working with clients experiencing poverty, prompts related to necessary best practices when working with this population, and sensitizing concepts (Charmaz, 2014) in the literature (e.g., Foss-Kelly et al., 2017) related to working with clients experiencing poverty and diverse populations in general. Some sample protocol items are "What do you feel are key components or competencies when working with clients experiencing poverty?" "How does poverty or social class impact your work with clients?" "What specific strategies do you use when working with this population?" and "When working with clients experiencing poverty, what does and does not work well?" Throughout the simultaneous data collection and analysis process, we revised our interview protocol, specifically removing an item related to the location where clients lived (urban, suburban, rural) because it did not yield meaningful data related to best practices. After interviews were completed, they were transcribed and sent to participants for member checking. Participants were asked to provide any edits, redactions, or additional information as they saw fit. Most participants validated their transcripts (seven did not respond to our member-checking request), and seven of the 14 who engaged in member checking made changes (such as comments or redactions) to their transcript via track changes.

### Data Analysis

Our data analysis began with initial or open coding of each transcript (Charmaz, 2014). In this step, the first four authors coded transcripts line by line (each transcript was coded independently by two members of the research team) to identify specific data, such as domains, phrases, or key words (Hays & Singh, 2012), to "summarize and account" for all data

(Charmaz, 2014, p. 111). Following initial coding, we met as a research team to review our codes and come to consensus; in cases of discrepancies, other members of the research team were asked to evaluate the coding in order to reach consensus. This initial coding yielded a robust codebook of 112 unique codes.

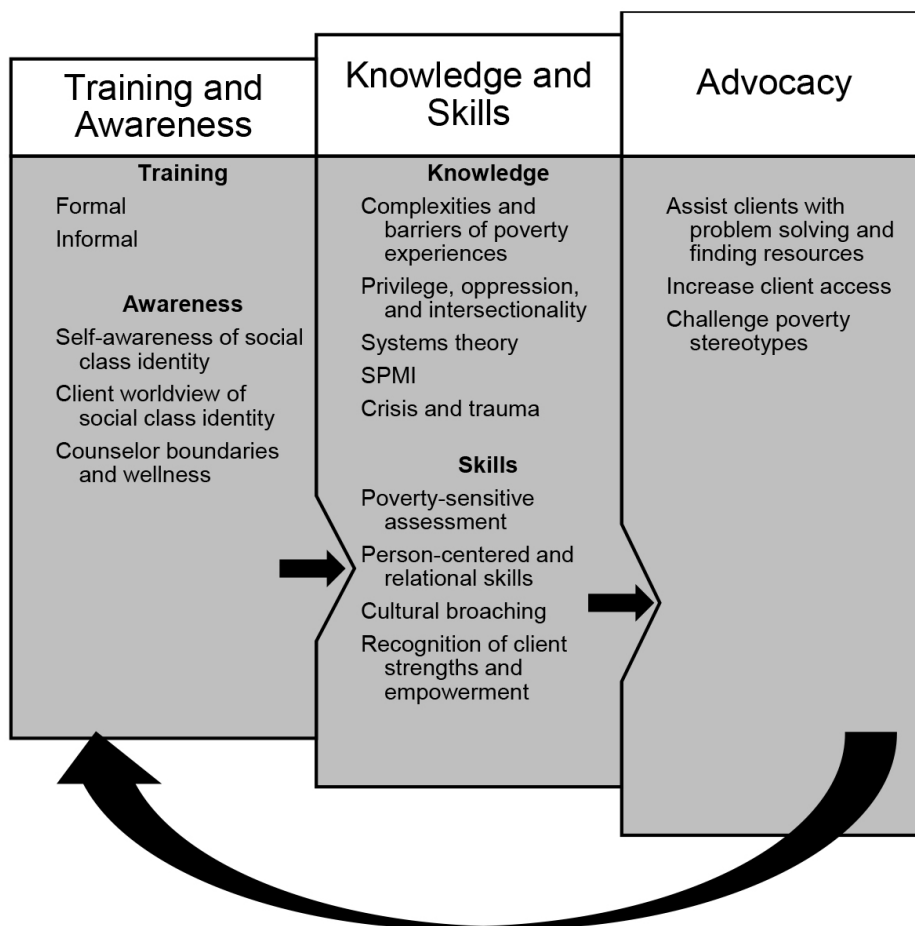
The next step involved focused coding (Charmaz, 2014). During the focused coding process, we organized and categorized the data in a theoretical direction, relying on literature related to counseling clients who experience poverty (Foss-Kelly et al., 2017) and multiculturalism and social justice, specifically the MSJCC (Ratts et al., 2015). The MSJCC was used as a conceptual framework as we developed our themes from the data via the grounded theory process (Charmaz, 2014), particularly in our axial coding process. Our focused coding process yielded 80 categories from the 112 original codes. We then used an axial coding process to further refine our categories into themes and subthemes (Charmaz, 2014); at this stage in our coding process, we used components of the MSJCC (e.g., knowledge, awareness; Ratts et al., 2015) to provide theoretical structure to our codes. Through this axial coding process, we further organized the data into five themes with corresponding subthemes. The final step of our data analysis process was to engage in theoretical coding (Charmaz, 2014); in this process, we organized our five axial themes into a theoretical model, which allowed us to organize our themes into a figure representing their relationships (see Figure 1).

### Trustworthiness

We used several strategies to address the criteria of trustworthiness in qualitative research (Maxwell, 2005): reflexive journaling, in which team members engaged in journaling throughout data collection and analysis and these journals were saved within the audit trail and used for bracketing; member checking, in which all participants were invited to check their transcribed interview and the final iteration of the codebook; prolonged engagement by means of various interactions with participants throughout the data collection and analysis process; triangulation of the researchers; theory development using a grounded theory approach; simultaneous data collection and analysis, in which interviews were coded immediately after completion and throughout the continued data collection process; negative case analysis; and a thick description (Hays & Singh, 2012). By using these strategies, we addressed the following trustworthiness criteria: credibility, transferability, confirmability, authenticity, coherence, sampling adequacy, ethical validation, substantive validation, and creativity (Hays & Singh, 2012; Maxwell, 2005).

## Findings

We identified specific best practices that professional counselors who work with clients experiencing poverty endorse



**FIGURE 1**  
**Poverty Counseling Best Practices: A Grounded Theory Model**

Note. SPMI = severe and persistent mental illness.

as effective and important. The development of these poverty counseling best practices is reflected in our theoretical model, outlined by five themes: (a) training, (b) awareness, (c) knowledge, (d), skills, and (e) advocacy. Each theme includes related subthemes.

### Training

Participants understood that their ability and competence to work with clients experiencing poverty was grounded in a variety of training experiences; these training experiences were organized into the subthemes of (a) formal training and (b) informal training. Formal training included participants' experiences in graduate programs, poverty or social class-specific trainings, attendance at cultural events, or reading books about poverty and experiences of poverty. Furthermore, this formal training was something many participants purposefully sought out to improve their practice with clients. One participant spoke to their formal experience by saying,

I try to both formally and informally get to know the [clients'] culture better . . . and [I] sought out experiences that have enabled me to encounter individuals of a different socioeconomic background. This might include going to conference sessions specifically about [poverty].

Beyond these formal training experiences, participants reported that their informal experiences with poverty, either via professional positions (such as case management or community mental health counseling) or personal experiences of poverty (growing up in poverty themselves or living in communities that were impoverished) had an impact on their ability to engage effectively with clients experiencing poverty. In essence, these experiences furnished them with information and ability to provide better counseling for clients experiencing poverty but were not formal trainings they consciously sought out. In many cases, these were just personal or professional experiences they had that allowed them to engage with



poverty experiences or people with poverty experiences (such as work or volunteering). For example, related to personal experience, one participant shared, “I’ve been in poverty prior, so I know how that feels.” Another participant reiterated how their personal experiences shaped their counseling abilities with this population:

[Poverty] is the only thing I’ve ever known . . . my family does come from poverty. I was the first one to go to college . . . my family migrated from the South looking for work. Growing up . . . we didn’t have a lot of money and didn’t come from a privileged lifestyle. That I think helps me see it better.

### Awareness

In addition to training, participants’ awareness of poverty experiences was an important component of their effective work with clients. Awareness includes the subthemes of (a) self-awareness of social class identity, (b) client worldview of social class identity, and (c) counselor boundaries and wellness. Participants described their self-awareness as their development of an ability to be aware of their power, privilege, and own social class identities within the counseling relationship. Participants indicated that being aware of themselves as individuals and as practitioners within the counseling relationship was an important component of counseling clients who experience poverty; without this awareness, participants indicated they could inadvertently oppress or marginalize clients with their social class expectations. One participant reflected,

I need to take my expectations out . . . it’s a lot of more, I think, self-awareness on my part because I can do all the interventions and techniques I want, but if I’m not being self-aware of what I’m doing in the session, it can affect [my clients in poverty] negatively.

Participants reported that being aware of the client worldview of social class identity was critically important to effective counseling with clients experiencing poverty. This meant that they had to conceptualize and understand the lived realities of clients’ poverty experiences and how these experiences affect the way their clients view and interact with the world around them, including how clients might perceive the counselor’s social class or social class values. One participant cautioned,

If, if you come into a session and just say, “Well why don’t you go get food?” or “Well just go get your food stamps at this place, and then you use the card, and you do this.” When you have no understanding of the system that you’re working with, I think that really can turn off a client, it doesn’t work. This kind of attitude is going to lead your client to think of you in a [negative] way.

Beyond their awareness of themselves and their clients, participants reiterated the need for awareness of counselor boundaries and wellness. They shared that working with clients who experience poverty can be emotionally difficult and take a toll on counselors’ self-care and wellness. Participants indicated the importance of being assiduous about self-care practices and being aware of personal boundaries. One participant reflected on this, stating, “As a therapist you’re just so much more aware of the lack of access to things that people have and . . . it does affect you [emotionally] outside of work too.” The challenges related to working with clients experiencing poverty can be emotionally draining for counselors. Another participant shared that, beyond the emotional impact of the work, boundaries are important because of the strong desire counselors may have to help their clients directly:

Another skill you have to have is making sure your boundaries are there. . . . Do you know how many times I have wanted to reach in my pocket and give [my client] a \$20 bill . . . like “this will help you” . . . I have never done it. I would never do it, but man you think about it.

### Knowledge

Participants clearly stated that a variety of specialized knowledge was needed when working with clients experiencing poverty. These knowledge best practices were expressed by participants in five subthemes: (a) complexities and barriers of poverty experiences; (b) privilege, oppression, and intersectionality; (c) systems theory; (d) severe and persistent mental illness (SPMI); and (e) crisis and trauma. These areas of knowledge are specifically applicable to competence when counseling clients experiencing poverty.

Participants shared, first and foremost, that counselors must understand the complex nature of poverty experiences and the barriers that affect clients’ lives. One participant said,

Any counseling is not going to be as effective as it could be if [basic] needs are not met first. You can’t be worrying about feeding your children and then dealing with any traumatic situation you had as a child. [Clients are] going to be more depressed or have more anxiety if those basic needs aren’t met first.

These realities and lived experiences should be shared, explored, and understood within the counseling relationship. Beyond these practical realities, counselors must understand the impact of social justice issues such as privilege, oppression, and intersectionality on clients’ lives. This means counselors identify their own privilege and oppressed identities and those of their clients, as well as understand how privilege and oppressed identities intersect to create unique lived experiences for clients experiencing poverty. These intersections, beyond poverty, include race, gender identity, sexual orientation, and

ability status, among others. One participant stressed the importance of “recognizing that our culture and our society and the systems that have been in place have impacted individuals experiencing poverty differently based on their background, like race.” Counselors should be prepared to understand the barriers and oppression associated with poverty and also the additional and/or intersecting barriers and oppressions clients with additional marginalized statuses may experience.

Finally, participants shared that counselors must have specific understanding of systems theory, SPMI, crisis, and trauma. They indicated that counselors must be prepared to work systemically and collectively with clients and the systems in which they are embedded, such as extended family units and communities. Participants reiterated that working systemically and collectively can improve outcomes for clients. Furthermore, because of the impact of SPMI, crisis, and trauma on people experiencing poverty, seeking additional training relating to these issues in session is paramount. Counselors who work with clients experiencing poverty must be prepared for clients who have SPMI and must possess an arsenal of interventions to treat SPMI. In addition, these counselors must be able to address crises and trauma in session effectively. Participants reported that crises and traumas are often frequent components of their work with clients. For example, one participant shared, “My experience with poverty counseling is [there are] crises, like housing or employment or transportation. You have to expect the unexpected sometimes and be ready to work with it. Deviate from last week’s plan.”

### Skills

Participants identified four critical skills counselors should use when working with clients experiencing poverty: (a) poverty-sensitive assessment, (b) person-centered and relational skills, (c) cultural broaching, and (d) recognition of client strengths and empowerment. Poverty-sensitive assessment is conceptualized as a method of evaluating clients that includes and is sensitive to poverty experiences. Counselors must tailor their assessment practices to take account of and be sensitive to the impact of poverty experiences, including adding components of housing security, food security, financial security, health care access, and transportation access to intake forms or diagnostic assessments. One participant described their assessment process:

I work with kids and adolescents a lot, so I might ask them things like “What did you eat for breakfast this morning? Did you eat breakfast at home or did you eat breakfast at school?” When we’re working with middle- or higher-class client[s] we don’t have to ask those questions. It’s almost just assumed that they ate what they wanted, when they wanted it, where they wanted it from . . . but with people in poverty, you have to check in with them . . . make sure that need is being met.

A second participant reiterated the importance of this assessment: “I try to be sensitive to that in doing my diagnostics, looking at what needs they have, acquiring that [basic needs] information. Finding out what the basic needs are [is] part of their treatment.” Poverty-sensitive assessment allows counselors to develop a holistic picture of client needs beyond just mental health concerns.

Additionally, counselors must possess person-centered and relational skills to foster a strong counseling relationship and rapport with clients. Participants identified that a strong, collaborative, person-centered counseling relationship is particularly effective when counseling clients experiencing poverty. One participant stated,

I think the most important thing is that it comes down to the relationship you build with your client. Really, we could say that about every client, but it seems to me that, that people that are in poverty, it is all about the relationship there.

The importance of the relationship, as well as how a robust counseling relationship can encourage the client to share more information, is also crucial. One participant observed,

It’s really built on the relationship, and I may not get into some of the really sensitive matters until I’ve built that relationship . . . [then] they feel safe enough to say “No, I haven’t showered all week” or “No, we don’t have food at home and so I had to eat the school breakfast here” or “I don’t get to eat breakfast on the weekends because we don’t have food at home.” . . . As a counselor, be very sensitive to that and really use the therapeutic relationship to create a safe place for clients to talk about it.

Participants reiterated how critical a strong relationship with clients who experience poverty was to effective treatment.

Another concrete skill that participants identified was cultural broaching. Cultural broaching is the process by which counselors explicitly identify cultural identities and differences between themselves and their client and foster a dialogue about those identities (Day-Vines et al., 2007). One participant stated, “I know that we need to really address the elephant in the room (social class differences) at times.” Another participant reiterated this, saying, “[It is important to] discuss openly any assumptions that might be made both ways [about money or social class].” Counselors are better able to counsel clients experiencing poverty when social class differences are openly addressed with clients in session, and clients are enabled and empowered to discuss those differences in relation to their therapeutic experiences.

Finally, participants reported that using skills that focus on recognizing client strengths and empowerment is critical for effective work with these clients. For example, it is important for counselors to recognize and acknowledge client successes





in navigating challenges, resiliency, and other activities that empower clients to recognize their own power and abilities. One participant discussed the importance of empowerment by stating, “If I believe they can do this, it’s going to be helpful in itself.” Participants indicated that client belief in self is especially important when working with clients experiencing poverty, because these clients feel disempowered or powerless in many other areas of their lives. Another participant shared,

Best practices [with clients experiencing poverty] is the need to take a strengths-based approach. It can be easy to work with individuals experiencing poverty and make assumptions as to what landed them in the position they are in. It can also be easy to take a deficit approach and notice all the things that they are doing wrong or not well. What is much more useful is to acknowledge the unique strengths.

As with many forms of counseling, participants in our study noted that focusing on client strengths was especially helpful in session.

### Advocacy

The final theme related to poverty counseling competence was advocacy. Participants identified three critical ways that counselors can engage in advocacy with or on behalf of their clients: (a) assist clients with problem solving and finding resources, (b) increase client access, and (c) challenge poverty stereotypes. First, participants identified that, in many cases, clients experiencing poverty will need more directive, engaging counseling approaches. These approaches might include concrete activities such as budgeting or connecting with other resources, for example, case management, medical services, food resources, or housing. One participant talked about the necessity of connecting clients to resources, stating that “I feel like I personally can provide counseling, but I’m not helping you if I’m not connecting you [with resources].” Another participant shared the importance of being flexible in the counseling role:

Be willing to step out of our typical counselor role and work as a case manager. I believe that if you’re not willing to do that, you are going to be less effective when you do start actual counseling and using techniques.

Additionally, our participants emphasized counselors’ responsibility to increase access to counseling services for clients who are experiencing poverty. Participants identified both financial and logistical barriers to accessing counseling services. Counselors should engage in poverty-competent practice by offering pro bono or sliding-scale services, along with conceptualizing alternative methods for service delivery, such as community-based or multisystemic approaches via clients’ schools, homes, or meeting them during their breaks

at their place of work. One participant described how to increase clients’ access:

They can’t get to an office where you are so that means I have to get out in the field and actually meet them where they are. So I go to homes, I go to schools, and I go to them so that they can have access to the services.

Participants also identified a macrolevel form of advocacy—challenging poverty stereotypes. Participants stated they not only advocate for clients within sessions but also advocate on behalf of clients on a sociopolitical level. Participants identified the importance of challenging the biases and stereotypes others have of people experiencing poverty (e.g., case meetings in the workplace, family gatherings outside of personal employment) and advocating for clients in social and political policies (e.g., universal health care raising the minimum wage) to improve clients’ lives. One participant described how he challenges poverty stereotypes in his professional and personal life: “I feel like it’s my job to kind of present that to people, you might want to rethink the way you think about ‘poor people.’” Another participant questioned how people experiencing poverty are represented and understood in society:

You go back to family members and they say things like, “Well they’re just lazy” or “They’re not working hard enough” or “They should just pick themselves up from their bootstraps,” and [you have to say], “You have no idea how much more somebody who was born in poverty [has to work].” They have to work very hard to get out of that situation.

### Emergence of Theory

Our findings identified five themes: training, awareness, knowledge, skills, and advocacy. From the data, it was clear that these five themes and corresponding subthemes interact in a way to influence poverty counseling competence. While the concepts of training, awareness, knowledge, skills, and advocacy are components of ethical and competent counseling practice (e.g., ACA, 2014; Lewis et al., 2003; Ratts et al., 2015; Toporek & Daniels, 2018), regardless of clientele, our grounded theory model operationalizes these domains specifically to the counseling of clients experiencing poverty. In essence, the model synthesizes and specifies how competent counseling can be further and more clearly applied with clients experiencing poverty in clinical settings with and beyond the MSJCC (Ratts et al., 2015). Figure 1 shows that a counselor’s training and awareness provide a foundation from which poverty counseling competence is established. The training (either formal or informal training about poverty) and awareness (self-awareness of social class identity, client worldview of social class identity, and boundaries/wellness) components affect and inform a counselor’s knowledge of

working with clients experiencing poverty, their ability to accurately and effectively implement skills, and how they advocate for this population.

As training and awareness collaboratively affect knowledge and skills, knowledge (complexities and barriers of poverty experiences; privilege, oppression, and intersectionality; systems theory; SPMI; and crisis and trauma) and skills (poverty-sensitive assessment, person-centered and relational skills, cultural broaching, and recognition of client strengths and empowerment) also combine to affect a counselor's ability to effectively engage in advocacy (with and on behalf of clients experiencing poverty). Without appropriate knowledge, a counselor could not implement the skills needed to effectively work with clients who experience poverty. Furthermore, without training, awareness, knowledge, and skills, counselors could not engage in advocacy. Through advocacy, counselors put their training, awareness, knowledge, and skills to work to effectively serve clients on the micro, meso, and macro levels. Ultimately, this entire model reinforces itself, meaning that by advocating for clients experiencing poverty, counselors can continue to gain training, knowledge, awareness, and skills to inform their poverty-competent counseling practices.

## Discussion

In the present study, it is clear that participants' training, awareness, knowledge, skills, and advocacy combine to establish a level of poverty counseling best practices above and beyond existing competencies (i.e., MSJCC [Ratts et al., 2015]; ACA Advocacy Competencies [Lewis et al., 2003; Toporek & Daniels, 2018]). Our participants present specific skills and interventions that must be implemented when counseling clients experiencing poverty in the five specific domains. These five themes build on and reinforce each other, reaffirming counselors' ability to work with clients experiencing poverty. Our grounded theory model, which uses the MSJCC as a theoretical outline, synthesizes with and adds to existing literature broadly in multicultural and social justice counseling (Ratts et al., 2015) and specifically in working with clients experiencing poverty (e.g., Baggerly, 2006; Clark & Bower, 2016; Foss-Kelly et al., 2017). The model combines suggestions from previous literature (Baggerly, 2006; Clark & Bower, 2016) and expands on existing poverty counseling models (Foss-Kelly et al., 2017) by utilizing an empirical process. The model provides concrete and specific areas of knowledge and skills that are critical for effectively serving clients experiencing poverty.

### Findings in Existing Literature

We found multiple themes in the present study that are congruent with previous literature as they relate to working with clients experiencing poverty, along with some specific findings that provide additional and concrete components that

counselors can consider in their practice. First, the concepts of self-awareness and awareness of client worldview are established in previous literature specifically related to poverty and poverty experiences (Foss-Kelly et al., 2017) and more broadly to the MSJCC (Ratts et al., 2015). That we identified these emergent themes further validates the work of previous authors and may indicate the impact the MSJCC have on counselor training for work with diverse populations, including clients experiencing poverty. Regarding the knowledge theme, our findings are congruent with existing literature that understanding intersectionality, privilege, oppression, and the complex nature of poverty experiences and barriers is critically important when working with this client population (Foss-Kelly et al., 2017). Although these areas are broad terms related to multicultural and social justice counseling (Ratts et al., 2015), it is clear that they do have a specific impact when working with clients experiencing poverty and should be emphasized in counselor training and clinical practice as they relate to this client population.

Skills that our participants shared, specifically using person-centered and relational approaches and recognizing client strengths and empowerment, are reiterated throughout the literature (Baggerly, 2006; Clark & Bower, 2016; Foss-Kelly et al., 2017). Our findings support these suggestions and echo multiple authors' (e.g., Foss-Kelly et al., 2017; Lewis et al., 2003) calls for advocacy in counseling overall, and specifically for marginalized populations. Although advocacy with and on behalf of clients experiencing poverty has been frequently mentioned in counseling literature, there have been no concrete examples of the advocacy for this population.

### Emergent Findings

The findings of this study provide additive and clarifying information to counseling literature as it relates to counselors' required knowledge, skills, and specific forms of advocacy when counseling clients experiencing poverty. First, our participants underscored the importance of understanding systems theory, SPMI, and crisis and trauma. These items provide an outline of specific areas in which counselors can focus their training and preparedness to gain knowledge to best serve this client population. Furthermore, we found that specific skills, such as cultural broaching and poverty-sensitive assessment, are critical for working with this population. Although there is robust literature regarding cultural broaching in counseling (Day-Vines et al., 2007), there is no literature outlining how to broach social class and poverty issues with clients. Our participants indicated that counselors should begin to have these conversations with clients, specifically to address cultural differences and any barriers to the therapeutic relationship. Additionally, although assessment is a critical component of a counselor's role, conceptualizing assessment using a poverty-informed lens will add to the literature. It will provide a guideline, including questions about a client's food,

housing, and transportation access, on intake and assessment forms, which counselors can immediately implement.

Beyond advocacy broadly, which previous literature has reiterated as frequently needed when counselors work with clients experiencing poverty (e.g., Foss-Kelly, 2017; Ratts et al., 2015), our findings present concrete ways in which counselors can engage in advocacy. First, counselors should be prepared to assist clients with problem solving and finding resources. This may mean stepping into a quasi-case management role and assisting clients find housing, food, or help with budgeting. In addition to counseling skills and techniques, it is clear that counselors must have the ability to work on clients' concrete problems to work effectively with this population. Specifically, participants called for counselors to increase access to counseling services. This could be achieved by offering pro bono or sliding-scale services, or reconceptualizing the therapeutic hour to include meeting clients at work on their breaks, seeing clients in their schools, or using technology (such as phone or distance counseling sessions) to help clients connect with the counselor. Finally, participants reiterated the macrolevel sociopolitical advocacy that is required of professional counselors. A component of poverty competence counseling is to advocate on behalf of clients in a sociopolitical way. This may mean writing letters to legislative representatives to advocate for clients' needs, such as raising the minimum wage or having universal health care. It may also mean working in clients' individual families and systems to confront poverty beliefs and biases that reinforce classism and systemic oppression of clients experiencing poverty.

### Implications of Findings

Our model of poverty counseling competence has implications for counselors in a variety of settings, including community mental health, nonprofit agencies, private practices, and counselor education and supervision. Ultimately, this model provides a data-driven approach for counselors who work with clients experiencing poverty; furthermore, the model identifies specific best practices. Additionally, our findings elaborate on the MSJCC (Ratts et al., 2015) in the context of poverty counseling, outlining concrete interventions counselors can immediately implement. Our study provides counselors with specific suggestions for improving their practice, standards by which counseling supervisors can evaluate their supervisees, and guidelines counselor educators can use to adequately prepare counselor trainees for working with clients experiencing poverty.

### Future Research Directions and Limitations

The present study has multiple implications for practitioners and for future research. First, an effort should be made to replicate this study with a more diverse population. Researchers should continue this line of research by using

factor analyses to establish a scale of poverty counseling competence based on the findings in this study. Additionally, researchers should pay specific attention to some of our findings, such as in relation to poverty-sensitive assessment, and use cultural broaching with clients experiencing poverty. Finally, outcomes research to explore how training in this model influences professional counselors' practice could be useful in determining efficacy.

The purpose of this study was to investigate poverty counseling best practices of professional counselors; to that end, we sampled professional counselors with various levels of experiences and from different geographic locations. However, there are still some limitations to our study. First, we examined the experiences and perceptions of 21 professional counselors who had unique, individual experiences counseling clients in poverty; this may not be enough participants to fully explain poverty counseling competence. Although qualitative research does not seek to be generalizable, there are limitations to our sample and sampling procedures that might have inhibited our access to qualified participants. Furthermore, our participants identified as mostly White and mostly cisgender women, which could have influenced the findings of this study; the inclusion of a more diverse sample (e.g., counselors of color, transgender and gender-expansive counselors) could change the results of our grounded theory process. Additionally, many of our participants held PhDs in counseling or counselor education, which might have influenced data that were collected. As with all qualitative research, the researchers are the instrument; the experiences of our research team and our findings are unique, and a different research team might come to different conclusions with the same data.

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