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College of Social and Behavioral Sciences

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Dan Sharir

has been found to be complete and satisfactory in all respects,
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Walden University
2017

Abstract

The Link Between Therapists' Social Class Attributions and Treating Clients of Low Socioeconomic Status

by

Dan Sharir

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Clinical Psychology Program

Walden University

May 2017

Abstract

Social class may impact the ways people are perceived and treated by others. The social class attributions of therapists may influence the manner in which they conceptualize their clients' problems and their relationship with their clients. There is a gap in the literature concerning the link between therapists' social class attributions and their responses toward low socioeconomic status (SES) clients in actual clinical settings, which could impact the therapists' interaction with their clients and the treatment process. The purpose of this qualitative descriptive case study was to examine the links between therapists' social class attributions and their experiences with low SES clients in clinical settings. The rationale for this study was based on treatment exhibited by therapists towards their low SES clients as evidenced by their treatment plans and peer interactions. Guided by attribution theory, research questions inquired into the attributions of 10 purposefully chosen masters- and doctoral-level therapists concerning the issues of social class, their low SES clients, and treatment outcomes for those clients. Interview data were interpreted using a cross-case synthesis technique and content analysis. The participants related to the issue of poverty in the way it impacted them or the way it impacted their clients. Findings could contribute to social change by increasing awareness among therapists concerning the impact of poverty, reducing bias and misconceptions among therapists, improving training of students and therapists, and improving understanding among therapists of the way social class attributions could impact their work with low SES clients.

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Dedication

I would like to dedicate this dissertation to my parents, who provided support throughout the doctoral degree process. I would also like to dedicate this dissertation to my wife, who provided me with encouragement to pursue my doctoral degree.

Finally, I would also like to dedicate this dissertation to my daughter and hope that my achievement will encourage her to pursue her dreams.

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Chapter 1: Introduction to the Study

Introduction

Despite a large body of research and theory on the impact of identity-related biases on mental health practice (e.g., Adler et al., 1994; Appio, Chambers, & Mao, 2013; Belle, 1990; Burkard, Ponterotto, Reynolds, & Alfonso, 1999; Smith, Li, Dykema, Hamlet, & Shellman, 2013), the influence of therapists' attitudes regarding clients' social class is not usually considered (Smith et al., 2013). Even though many believe that class is no longer an important or relevant issue, social class still has a strong impact on peoples' perceptions of others (Balmforth, 2009). The way that social class is perceived may influence social cognitive tendencies (Kraus & Keltner, 2013). An example of this phenomenon is the general public's demeaning attitudes towards the poor, with the poor characterized as lazy, irresponsible, and amoral (Smith, Allen, & Bowen, 2010). Unfortunately, the profession of psychology has characterized poverty as abnormal, which creates barriers to proper care (Appio et al., 2013). Furthermore, the therapeutic relationship can be impacted by the therapist's cognitive attributions of social class (Dougall & Schwartz, 2011). Attributions are explanations that are used by people to understand events, and people can make attributions about social class concerning the person or concerning circumstances (Thompson, Diestelmann, Cole, Keller, & Minami, 2014).

Working with low-income clients requires that social class issues between the therapist and the client be addressed during the therapy process (Kim & Cardemil, 2012). According to Thompson et al. (2014), individuals base their decisions and actions on the

way they perceive the world through their stereotypes and cognitive attributions. These cognitive attributions can be internal about a person or external about a person's situation, including socioeconomic status. Thompson el al. stated that these social class attributions can be complex due to the belief in the United States that a person has many barriers to overcome to achieve success, but that success can be achieved with hard work. Therapists' cognitive attributions about socioeconomic status (SES) may impact the ways a client is perceived by the therapist and the ways the therapist understands and ascribes meaning to a low SES client's presenting problems (Dougall & Schwartz, 2011; Thompson et al., 2014). Further research is needed on the impact of social class indicators on client-therapist interaction and the impact of social class differences between the therapist and client (Appio et al., 2013; Thompson et al, 2014).

There are three potential social consequences of this study. This study may result in greater awareness of social class and improved multicultural training for therapists. Also, this study could result in change to mental health services provided to people of low SES. Finally, this study could help therapists recognize that there are biases and misconceptions about working with the poor. The study results may provide information about the process of working with people with low SES, which could result in reducing misconceptions and bias.

This chapter includes an introduction to the study, a description of the background of the study, and a problem statement. In this chapter, I discuss the purpose of the study, identify the research questions, and describe the theoretical framework of the study. Additionally, I discuss the nature of the study, provide definitions of key terms, and

describe the study assumptions, scope and delimitations, limitations, and significance. The chapter concludes with a brief summary of the research literature related to the study and a description of the existing gap in knowledge.

Background

In the United States, people with lower economic status are often discriminated against. Kraus and Stephens (2012) found that Americans have negative stereotypes of individuals from a lower social class status. According to Gamarel, Reisner, Parsons, and Golub (2012) there is an association between discrimination and SES and mental health problems. According to Appio et al. (2013), many clinicians have classist attitudes towards the poor and may communicate devaluing messages to their clients. In one qualitative study by Balmforth (2009), seven working class and middle class therapists who had previously been in therapy were interviewed regarding their experiences in therapy with a therapist from a different social class. According to Balmforth, the study participants reported that they felt a sense of powerlessness and shame regarding their backgrounds and felt that the therapists could not understand their concerns. Although the authors of this study acknowledged that because the study participants had been both clients and therapists this might have influenced their viewpoints, this study still indicates that poverty may be an issue that affects therapists (Balmforth, 2009). Because of these pervasive issues, poverty needs to be addressed within the therapeutic process (Ali & Lees, 2013).

Thompson, Cole, and Nitzarim (2012) interviewed 16 low-income clients regarding their psychotherapy experiences. Thompson et al. (2012) found that clients

considered it important to acknowledge social class differences between the therapist and client and to show flexibility concerning support and awareness of their needs. However, the authors acknowledged that a study limitation was that only low-class or working class study participants were recruited, which focused the attention of the participants on this issue. Another limitation was that they only accepted participants who had completed a minimum of six sessions prior to the start of the study and within the past six months, which excluded those individuals who might have had negative experiences and discontinued their therapy sessions (Thompson et al., 2012). Other studies described the impact of living in poverty on clients; clients report that middle class clinicians were not able to relate to the experiences of their poor clients (Appio et al., 2013).

Smith et al., (2013) described the experiences of 10 graduate-level psychotherapists (mental health counselors and clinical social workers) providing mental health services to clients who were poor. According to Smith et al. (2013), the study participants discussed the rewards and challenges of working with poor clients, being overwhelmed by the challenges of working with this population, and the impact of stigma on the clients. The study limitations were that most of the study participants were female (eight female and two male participants), White (seven of the participants were White, one Asian, and one Black), and all had graduate level psychotherapy training (six had master’s degree in social work and four had master’s degrees in psychological counseling), so this could have impacted the type and level of training (Smith et al., 2013).

Smith, Mao, Perkins, and Ampuero (2011) examined the perceptions of graduate students enrolled in counseling and clinical psychology social work programs about working with poor or working class clients through the use of vignettes. Smith et al. (2011) reported that study participants responded differently to clients based on their social class backgrounds. However, according to Smith et al. (2011), study participants were graduate students, and most of them were middle or high social class and thus they might have been unfamiliar with the issue of social class, which might have impacted their interpretation of the vignettes.

There are also studies about the impact of the clients' SES status on the therapists' cognitive attribution. A study by Dougall and Schwartz (2011) used short videos and vignettes of lower and higher SES clients to examine the influence of SES on the therapists' cognitive attributions. Dougall and Schwartz reported that SES did not influence the therapists' cognitive attributions, but clients from a lower SES were ascribed more severe mental health problems by therapists than clients' from a higher SES. However, the authors noted that the videos might not have clearly differentiated between a high and low SES client and that future research should include measurement of different types of attribution biases and possible ways that they might impact the therapist decision making process (Dougall & Schwartz, 2011). A study by Thompson et al. (2014) used vignettes depicting lower and higher SES clients to examine mental health professional attitudes towards social class. While study results showed that the study participants' perceptions of clients were not based on SES attributions, the authors also noted multiple limitations to their study including limitations raised by sample,

measurement, and design. Thompson et al. concluded that future studies should not focus on perception but actual interaction between the therapist and the low SES client.

Scholars highlight the need to continue to understand the relationship of social class to clinical practice (Balmforth, 2009; Holman, 2014; Smith et al, 2013). The interactions between therapists and low SES clients have not been sufficiently researched (Dougall & Schwartz, 2011; Thompson et al, 2014). Due to this gap in the literature, there is a need to better understand the impact of social class on the clinicians and the possible ways that therapists' social class attributions affect their responses to clients from a lower socioeconomic class (Thompson et al., 2014). Recent research findings highlight the need to examine and understand the relationship of social class to clinical practice (Balmforth, 2009; Holman, 2014; Smith et al, 2013). In previous studies (Dougall & Schwartz, 2011; Smith et al., 2011; Tagler & Cozzarelli, 2013; Thompson et al., 2014), vignettes and videos were used to simulate lower income clients, but more studies are needed to study actual lower income clients to provide a better indication of the therapists' reactions to lower SES clients. Based on this information, a study was needed to examine the social class attributions of therapists.

Problem Statement

Therapists working with clients from a lower socioeconomic status may affect the treatment process by conceptualizing a client's problems based on socioeconomic status and not on objectively based criteria (Dougall & Schwartz, 2011; Krupnick & Melnikoff, 2012; Thompson et al., 2014). Social class attributions are ways that people grasp and understand issues, and these attributions can be about the person or the external

circumstances. Social class attributions should be understood due to their impact on the therapist in the areas of receiving referrals, client attendance, and therapeutic outcomes (Thompson et al., 2014). Additionally, therapists coming from a mid to high SES might not understand their clients' poverty experiences and perspectives, which could result in the exclusion of the poor from many societal experiences and opportunities (Smith, 2013). Based on recent research, there is a need to examine the relationship of social class and clinical practice (Balmforth, 2009; Holman, 2014; Smith et al, 2013).

Mental health practitioners may make attributions based on their client's social class, relating their clients' lower SES to personal deficits (Goodman, Pugach, Skolnik, & Smith, 2013; Lott, 2012). Empirical support for variations in therapist perceptions of clients based upon social class characteristics has also been demonstrated (Smith et al., 2011; Thompson et al., 2014). Recent research has shown the impact of social attribution of the therapist in vignette studies (Tagler & Cozzarelli, 2013; Thompson et al, 2014), however, a gap in the literature exists concerning the link between social class attributions of therapists and psychotherapist responses towards low SES clients in actual clinical settings (Holman, 2014; Thompson et al., 2014; Thompson et al., 2012).

Purpose of the Study

The purpose of this qualitative descriptive case study was to examine the links between therapists' social class attributions and their experiences with low SES clients in actual clinical settings. The unit of analysis for this study was the individual therapist. A unit of analysis is the phenomenon or population from which information is collected (Yin, 2014). In fulfilling the purpose of the study, this research used the theory of

attribution (Heider, 1958) to examine the therapists' social class attributions in clinical practice (Thompson et al., 2014). According to attribution theory, people try to predict and control their environments (Haider-Markel & Joslyn, 2008). Control and prediction can be achieved by understanding the causes of behaviors (Haider-Markel & Joslyn, 2008). The person observes behaviors that can be attributed to dispositional or situational factors (Haider-Markel & Joslyn, 2008). As such, an individual's beliefs or causal attributions of social class can affect that person's interactions with others (Bullock, 1999; Cozzarelli, Wilkinson, & Tagler, 2001; Tagler & Cozzarelli, 2013).

Research Questions

The two research questions for this study were developed to gain insight into the ways social class attributions of therapists are linked to psychotherapist experiences working with low SES clients in actual clinical settings (Holman, 2014; Thompson et al, 2014; Thompson, et al, 2012). To obtain the appropriate answers, the right questions need to be asked (Browne & Keeley, 2007), so it was important to identify suitable questions for the research. Given the purpose of this study, two research questions were developed:

RQ1: How do therapists describe what it means to be poor?

RQ2: How do therapists describe their experiences working with low SES people?

The theoretical framework for the study is the theory of attribution. This theory relates to the study approach and research questions because the theory examines the way that people perceive and evaluate behaviors. The research questions were developed to

understand the way therapists understand what it means to be poor and to work with clients from a low SES status.

Theoretical Framework

The theoretical framework for this study is the theory of attribution, which is based on the work of Heider (Heider, 1958). Heider's goal was to study the way that people perceived and evaluated behaviors. Heider (1958) stated that people seek to have a simple understanding of other people; they do not understand others as complex beings with both positive and negative traits, which could require a deeper analysis. People will make casual attributions about others in order to maintain an uncomplicated understanding of people or groups. If a person is considered to perform a good behavior that person can be perceived as a good person (Heider, 1958). Consequently, in society, weak members can be viewed as responsible for their situation because they performed or did not perform some function that resulted in their current situation (Crandall, Silvia, N'Gbala, Tsang, & Dawson, 2007).

These types of attitudes are also seen in Americans feelings towards the poor. According to Cozzarelli et al. (2001), attitudes towards the poor are more negative than attitudes toward the middle class. These negative reactions to the poor are connected to the beliefs regarding the root causes of poverty (Ali & Lees, 2013; Henry, Reyna, & Weiner, 2004). Believing the poor are lazy would imply a dispositional attribution for poverty. Conversely, Ali and Lees (2013) state that believing that the poor are hardworking and struggling in a difficult economic situation would imply a situational attribution for poverty. Even though according to Ali and Lees, Americans acknowledge

that there are many reasons for poverty, they tend to favor more dispositional causes for poverty.

According to Murray and Thompson (2009), attribution theory can be applied to the way that therapists consider their poor clients. Therefore, it is important for clinicians to understand the way that they do attribute causality to the clients' behaviors (Murray & Thompson, 2009). Social class attributions are an important issue to consider in regards to psychotherapy utilization and outcome due to the issue of social class bias (Dougall & Schwartz, 2011; Goodman et al., 2013; Rabinowitz & Lukoff, 1995). These issues will be discussed in greater detail in Chapter 2.

The theoretical framework for the study is the theory of attribution. This theory relates to the study approach and research questions because the theory examines the way that people perceive and evaluate behaviors. There are two research questions. The first research question asks how therapists describe what it means to be poor. This research question attempts to examine the therapists' attribution concerning the issue of poverty. The second research question asks how therapists describe their experiences working with low SES people. This research question attempts to understand the attributions of therapists about working with clients from a low SES status.

Nature of the Study

The purpose of this qualitative descriptive case study was to examine the links between therapists' social class attributions and their experiences with low SES clients in actual clinical settings. The research data were collected from ten master and doctoral level licensed mental health professionals. The study used an interview protocol I

developed with open-ended interview questions to collect data from the study participants. The data was analyzed after the digital recordings were transcribed. The transcript was reviewed and compared with the field notes taken during the interviews. Following this, the data was coded according to themes and then the data from the different case studies were compared.

Qualitative data are not easily defined and explained and require researchers to present their findings in a creative manner, whereas quantitative research utilizes standard methods, such as tables, to present data (Bansal & Corley, 2012). Quantitative analysis also tests hypotheses by examining the association between the independent and dependent variables. Although quantitative analysis can help explore the relationships between variables, qualitative analysis can be more suitable in examining the meanings of underlying human behaviors (Bansal & Corley, 2012; Yin, 2014). Utilizing a multiple case research design allows researchers to ask *why* and *how* questions (Yin, 2014), which is necessary for this study to examine therapists' social class attributions of working with low SES clients. Qualitative research is used to investigate and understand social issues in a systematic manner (Joubish, Khurram, Ahmed, Fatima, & Haider, 2011). Qualitative researchers collect data and produce study results not based on predetermined conclusions; these findings could then be applicable to other research areas (Mack, Woodson, MacQueen, Guest, & Naney, 2005; Joubish et al., 2011).

Case study design is an important method of qualitative research. According to Yin (2010), a case study is conducted when the objective of the study is to examine a phenomenon in a real-world context. In this study, data were collected from therapists

working with low SES clients in actual clinical settings, and participants provided data on their perceptions of working with low-SES clients. Yin (2010) states that conducting a multiple-case study can result in the opportunity to replicate study findings and become acquainted with identified problems in order to work on theory building.

After identifying the issue to be studied, the researcher can produce the research questions, develop the study design, and decide the types of collection instruments that will be used and the participants' selection process (Mack et al., 2005; Yin, 2012). The case study method allows the researcher to collect data from various sources. These sources include available literature and historical documents, formal and informal interviews with study participants, focus group data, existing case studies, and field tests (Mack et al., 2005; Yin, 2014). More information about the data collection and analysis will be provided in Chapter 3.

Definitions

Attribution theory: People tend to understand their and other people's behaviors from a dispositional or environmental perspective (Stoycheva, Weinberger, & Singer, 2014).

Classism: Negative attitudes, assumptions, and behaviors towards individuals with less power (Lott, 2012).

Individualistic (dispositional) attribution: Explaining events and behaviors through internal processes of the person (Mori, ThangSiew, Mohd Nor, Suppiah, &OonSok, 2011).

Lower or working class: Individuals living mostly under the control of others (Smith et al., 2011), also defined by reduced access to material resources (Stellar, Manzo, Kraus, & Keltner, 2012).

Middle class: Individuals who work for a living but have more power than working class people (Smith et al., 2011).

Poverty: A situation in which there is a lack of adequate housing and employment, overcrowded schools, lack of food, and poor health care (Appio et al., 2013). Also, this is the lowest social class level with the least amount of power (Smith, 2013).

Protestant work ethic: A belief system that stresses that an individual's success depends on his or her inner virtue (Cokley et al., 2007).

Social class: A person's position in society based on income, education, and occupation (Liu, Soleck, Hopps, Dunston, & Pickett, 2004).

Socioeconomic status (SES): A person's position in society based on his or her lifestyle, power, and control of resources (Liu et al., 2004).

Stereotypes: Rationalizing the reason why a person succeeded or failed in a certain task due to belonging to a certain group (Riley &Ungerleider, 2012).

Stigma: Recognizing differences and then devaluing the person based on those differences (Riley &Ungerleider, 2012).

Structural (situational) attribution: Explaining events and behaviors through external or environmental factors (Mori et al., 2011).

Subjective socioeconomic status: Measured by the individual's subjective perception of their social rank in comparison to others (Kraus, Adler, & Chen, 2013).

Therapeutic alliance: Collaboration between client and therapist that includes an agreement on the treatment goals and the formation and development of a bond (Mirdal, Ryding, Essendrop, &Sondej, 2012).

Upper class: Individuals who can choose to work or not and have significant social and political power (Smith et al., 2011).

Assumptions

The purpose of this qualitative descriptive case study was to examine the links between therapists' social class attributions and their experiences with low SES clients in actual clinical settings. Data was collected from therapists working directly with low SES clients in actual clinical settings. One assumption of this study was that the participants would provide objective and detailed information in their interviews about their experiences working with their low SES clients. A second assumption was that the views expressed by the interviewees were representative of other therapists working with low SES clients. Third, I assumed in this study that the data collected would contribute to research and theory building on the impact of therapists' social class attributions on working with low SES clients. Fourth, there was an assumption that all study participants would be willing and capable of responding to the research questions (Banister, Bunn, Burman, & Daniels, 2011); aligning the research questions to the scholarly literature on the topic enhanced this assumption. Finally, I assumed that the participants would be open and honest in their responses to the questions posed to them (Banister et al., 2011).

Banister et al. (2011) stated that the goal of outlining these assumptions was to determine if these assumptions might impact the study outcome.

Scope and Delimitations

In this section, the scope and delimitations of the study is addressed. The aim of the study was to explore the way that social class attributions of therapists are linked to their experiences with low SES clients. This focus is based on studies that examined the issues of therapists' social class attributions (Balmforth, 2009; Dougall & Schwartz, 2011; Holman, 2014; Smith et al, 2013; Thompson et al., 2014).

The scope of the study extended to therapists with at least three years or more experience working with poor or low-income clients. The study included in-depth interviews with five masters-level and five clinical-doctoral-level therapists who work as mental health providers. The study focused on individuals who are licensed in New York and are master or doctoral level mental health practitioners who have worked with poor clients for at least a period of three years.

This population was chosen based on previous studies on the impact of social class on therapists. In three studies (Balmforth, 2009; Dougall & Schwartz, 2011; Smith et al., 2013), graduate-level psychotherapists (mental health counselors and clinical social workers) described their experiences providing mental health services to poor clients. In a study by Smith et al. (2011), graduate level students in clinical and counseling psychology described the impact of social class on therapeutic impressions. The sampling method used was purposeful, and the techniques used were snowballing and networking.

According to Yin (2010), in purposeful sampling the samples are chosen deliberately so that the most plentiful data are provided.

I deliberately imposed delimitations to restrict the population studied (Rudestam & Newton, 1992). Because the intent of this study was to examine the perspective of experienced therapists, those with fewer than three years of working directly with poor or low-income clients were excluded from the study. Also excluded from the study were therapists who are not licensed to practice in New York State in order to exclude unlicensed mental health professionals who have been certified but not licensed.

The theoretical framework supported the themes of the study and the investigation the social class attributions of the study participants towards clients from a lower SES background. Transferability is limited due to the small number of participants and because the study was conducted with practitioners working only in New York City. However, some general ideas discussed by the study participants could be transferable to other settings.

The theory of planned behavior was also considered as the theoretical framework. The theory of planned behavior (TPB) stipulates that a person's beliefs, attitudes, and perceptions determine their behaviors (Ajzen, Joyce, Sheikh, & Cote, 2011). This theory's focus is on predicting the intentions of individuals (Ajzen, 2011). This theory was not used as the theoretical framework because it focuses on the person's beliefs and attitudes, which was not appropriate for this study given its research questions.

Limitations

The study had two limitations. First, there were only 10 participants, and therefore transferability was a concern. The study sample included a small sample of 10 therapists and did not include the majority of therapists in the New York City area. The study represented only therapists who worked with clients from a lower SES background in community clinics. This sample might not represent the way that the excluded therapists experience their work with clients. Therefore, the study is limited by the small sample size and perspective of the therapists interviewed for the study.

Second, the study was based solely on my interviews and observations as the sole researcher in the study. This issue was addressed by using bracketing bias and epoche. Bracketing bias refers to addressing problems related to misconceptions that might impact the research process (Tufford, 2010). Epoche is the process by which the researcher removes or becomes aware of prejudices and viewpoints about the subject under investigation (Merriam, 2009). My potential bias could come from my experience working with clients from a low SES background.

Significance

The significance of this research is in understanding what therapists need to know about the ways that social class attributions can impact their interaction with low SES clients. Cognitive attributions can shape the perceptions of therapists and influence the therapeutic process (Dogall & Schwartz, 2011), and there can be a lack of awareness of the impact of social class on therapy among therapists (Thompson et al., 2012). Therefore, researching this area can contribute to improved understanding about the

impact of differences in social class on the treatment process and the interaction between the therapist and client (Balmforth, 2009; Dougall & Schwartz, 2011). This study can help address this issue by examining therapists' reactions to clients' SES and the way they perceive treatment outcomes for low SES clients.

There has been a lack of research on the difference in social class between the therapist and client (Balmforth, 2009) and the therapist's reactions regarding the client's SES (Dougall &Schwartz, 2011; Smith et al., 2011). The results of this study can address a gap in the literature by understanding the impact of therapists' social class attributions on responses towards low SES clients in actual clinical settings (Holman, 2014; Thompson et al, 2014; Thomson, Cole & Nizram, 2012). Additionally, the study results could be utilized to improve training programs by helping to identify variables that contribute to attribution styles (Williams, Greenleaf, & Duys, 2013), support the importance of multicultural training (Toporek & Pope-Davis, 2005), and increase social class awareness (McDowell, Brown, Cullen, & Duyn, 2013).

This study could result in a number of implications for positive social change. First, the study results could improve understanding of the impact of social class attributions on therapists' interactions with poor or low-income individuals. This could result in greater awareness of social class issues that could lead to improved training of therapists. Second, the study results could lead to better understanding of the type of mental health care that poor and low-income people are provided and the effectiveness of the treatment. This could result in greater awareness and possible changes to the mental health services provided to poor and low-income clients. Third, there have been studies

that examined attitudes towards poverty, but few that examined attitudes towards the poor (Landmane & Reņģe, 2010). This could lead to social change by identifying and possibly reducing bias and misconceptions regarding working with the poor and thus address a current gap in the literature.

Summary

The attitudes of therapists towards the issue of social class have not been thoroughly examined (Smith et al., 2013). Therapists who work with low SES clients might conceptualize the clients' problems based on their social class and not on objective criteria (Dougall & Schwartz, 2011). Social class biases can result in characterizing the poor as lazy and irresponsible (Smith et al., 2010). Therefore, the impact of social class attributions should be examined.

In America, negative stereotypes continue towards the poor (Kraus & Stephens, 2012). Some clinicians have classist attitudes towards the poor and convey demeaning messages to them (Appio et al., 2013). Other studies have examined the experiences of poor clients in psychotherapy (Balmforth, 2009; Thompson et al., 2012). The clients reported that they felt a sense of powerlessness and they felt that it was important for the therapists to acknowledge the issue of social class during the therapeutic process. There have also been a number of research studies that examined the experiences of therapists treating low-income clients, and therapists can be overwhelmed working with the poor and can respond to clients differently based on their social class (Smith et al., 2013; Smith et al., 2011).

This study examined the way that the therapists' social class attributions can be linked to their experiences with clients in actual clinical settings. This study did not utilize the TPB as the theoretical framework. The TPB suggests that the individual's beliefs and casual attributions influence their interactions with others (Bullock, 1999; Cozzarelli et al., 2001; Tagler & Cozzarelli, 2013).

Chapter 2 includes a comprehensive discussion of the current literature. The literature review is an examination of research studies regarding therapist perceptions and attributions of social class, the impact on the therapeutic process, and issues related to the therapist's competence and biases. Other issues that are discussed in the literature review include the impact of social class on psychotherapy, attributions towards social class by the general population in the United States, and a review of the theoretical foundation of the study.

Chapter 2: Literature Review

Introduction

Therapists working with clients from a lower SES may conceptualize the clients' problems based on SES and not on objectively based criteria, which can affect the treatment process (Dougall & Schwartz, 2011; Krupnick & Melnikoff, 2012; Thompson et al., 2014). The purpose of this qualitative descriptive case study was to examine the links between therapists' social class attributions and their experiences with low SES clients in actual clinical settings.

Lower SES may negatively impact the psychological health of an individual due to the increased stress associated with poverty (Adler et al., 1994; Belle, 1990; Meyer, Castro-Schilo, & Aguilar-Gaxiola, 2014). Indicators of lower social status include income level, education, and type of occupation (John-Henderson, Jacobs, Mendoza-Denton, & Francis, 2013; Kraus, Piff, & Keltner, 2011). Additionally, middle and upper class people may view individuals from a lower SES group as being less human, displaying less warmth and competence (Loughnan, Haslam, Sutton, & Spencer, 2014; Sigelman, 2012).

Consequently, working with poor and low-income clients may present treatment challenges for therapists (Ali & Lees, 2013; Krupnick & Melnikoff, 2012). These include barriers to care faced by low-income clients, issues of stigma, and different perceptions and expectations regarding the treatment goals and outcomes of the therapists and clients (Goodman et al., 2013; Krupnick & Melnikoff, 2012). These barriers can result in a

feeling of social exclusion and sense of powerlessness by the poor client (Goodman et al., 2013; Santiago, Kaltman, & Miranda, 2013).

Therapists' perceptions of their poor and lower-income clients can be influenced by their cognitive attributions that may be based on their beliefs and values towards the issue of SES (Dougall & Schwartz, 2011; Thompson et al., 2014). Therapists might attribute poverty to personal deficits and not to socioeconomic factors (Goodman et al., 2013; Landmane & Reņģe, 2010). However, older therapists and those with more practical work experience may have more favorable attitudes of the poor than younger, less experienced therapists (Landmane & Reņģe, 2010).

The issue of class pervades every aspect of American society (King, 2012; Liu, et al., 2004). For example, the word "classy" has the connotation that the person is elegant and sophisticated, whereas the opposite would mean that the person might be vulgar (King, 2012). Each person is identified as low class, middle class, or high class with the divisions denoting wealth access, privilege, and power (Lott, 2012; Lott, & Bullock, 2010). In the United States, there are negative stereotypes and perceptions of lower class people (Cozzarelli et al., 2001; Santiago et al., 2013). The poor may be considered lazy, dirty, and uneducated (King, 2012; Lott, 2012; McDowell et al., 2013). These attributions are even seen in young children (Sigelman, 2012).

Social factors should be addressed as part of the therapeutic process with lower income clients (Ali & Lees, 2013; Kim & Cardemil, 2012), because clients' SES can impact the therapeutic relationship (Dougall & Schwartz, 2011; Newton, 2010). Therapists need to understand the continuing daily survival stressors that poor clients face

(Ali & Lees, 2013; Goodman, Smyth, & Banyard, 2010). These stressors include the need to find food and shelter, receive proper health care, address their children's needs (Ali & Lees, 2013; Goodman et al., 2010), and also cope with the stress of facing continuous bias and stigma associated with being poor (Smith & Romero, 2010; Thompson et al., 2012). These clients cope with a sense of unpredictability in their lives that can influence their psychological health (Kraus & Stephens, 2012; Piff, Stancato, Martinez, Kraus, & Keltner, 2012). The therapeutic interventions should address these clients' specific social needs. The therapist's perception of their poor clients' difficulties is an important issue to consider (Goodman et al., 2013; Santiago et al., 2013).

The literature review will entail a review of the themes and concepts of social class including class perceptions and attributions, as well as the theoretical framework of the study. The literature review begins with an explanation of the impact of therapists' perceptions and attributions on their understanding of the client's social class and the way that the therapist's competence and biases could impact their treatment of poor and low-income clients. Then, I discuss the impact of social class on the practice of psychotherapy and the way that the issue of social class is perceived in the United States. Finally, I explain the theoretical foundation of the study and review the literature for it.

Literature Search Strategy

The literature review was conducted using the Walden University online library and Google scholar. The databases used through the Walden University online library were psycINFO, psycARTICLES, and Academic Search Complete. The key terms used to search the databases were: *therapists, psychotherapist, psychologist, counselor, social*

worker, mental health practitioner, attributions, cognitive attributions, perceptions, attitudes, social class, poverty, poor, low-income, socioeconomic status, competence, classism, mental disorder, mental problem, multicultural training, race, and *bias.*

Theoretical Foundation of the Study

The theoretical foundation for the study is the theory of attribution. Heider proposed the theory of attribution with the goal of studying the way that people perceived and evaluated behaviors (Heider, 1958). According to Heider's (1958) attribution theory, people seek to have a simple one-dimensional understanding of other people. Heider stated that people would make casual attributions about others in order to maintain a simple understanding of people or groups. Therefore, if a person is considered to perform a good behavior, then that person can be perceived as a good person. Society's weak members can be viewed as responsible for their situation because they performed or did not perform some function that resulted in their current situation.

The rationale for the choice of the theory of attribution is that attribution theory is an effective theoretical lens through which to consider and understand therapists' experiences in working with low SES clients. Because attribution theory is concerned with the ways that people perceive and evaluate behaviors, this theory can be used to examine the therapists' attitudes and factors that might influence behaviors. Also attribution theory can be used to explore reactions to poverty (Weiner, Osborne, & Rudolph, 2011). The assumptions of the application of the theory of attribution were that this theory provided a way to examine the reactions of the study participants to the issue of poverty and to working with clients who are poor.

The research questions were intended to build upon existing theory. The influence of therapists' attitudes is not usually considered (Smith et al., 2013). Therapists' cognitive attributions about SES can impact the ways clients are perceived by the therapist (Dougall & Schwartz, 2011; Thompson et al., 2014). Research is needed about the impact of social class indicators on client-therapist interaction (Appio et al., 2013; Thompson et al, 2014).

Literature Review Related to Key Concepts

There have been many studies that utilized attribution theory (Godfrey & Wolf, 2015; Haider-Markel & Joslyn, 2008; Polk, 2005). A qualitative article by Godfrey and Wolf (2015) explored the attributions for poverty among immigrant women. The study results showed that most of the participants held dispositional attributions for economic inequality that were occasionally paired with situational attributions (Godfrey & Wolf, 2015). Haider-Markel and Joslyn (2008) used attribution theory to examine beliefs concerning the origins of homosexuality. People who considered homosexuality as a choice had a negative attitude towards homosexuals and people that considered homosexuality as genetic had a positive attitude towards homosexuals. Attributions concerning the issue of homosexuality were the strongest predictor of attitudes towards homosexuals (Haider-Markel & Joslyn, 2008). A qualitative study by Polk (2005) explored the attributions of family caregivers of patients with Alzheimer's dementia. Polk reported that the study results showed that caregivers found it easy to categorize pleasurable activities but had a difficult time categorizing unpleasant activities. Polk

stated that caregivers also had a difficult time attributing any negative behaviors to the disease.

There have been a number of studies that examined attribution using the case study approach. Cudré-Mauroux (2010) utilized a case study approach to examine the casual attributions of staff members concerning people with developmental disabilities. According to Cudré-Mauroux, the case study approach allowed the participants to address different issues and to examine the participants' casual attributions. Helfrich, Simpson, and Chan (2014) utilized a multiple case study approach to examine patterns of behavior of homeless individuals with a mental illness. The case study approach allowed for an in-depth examination of different perspectives (Helfrich et al., 2014). Lawver (2012) utilized a case study approach to examine the attributions of providers concerning treating clients that are gay or lesbian. According to Lawver, the case study approach allowed for the exploration of the provider attributions concerning the issue of sexuality.

The chosen method for this study was a multiple case study approach. As with the case studies described above, the case study approach allowed me to explore the ways in which the participants understood the issue of poverty and their experiences of working with the poor, and allowed the study to answer two research questions. The research questions were:

RQ1: How do therapists describe what it means to be poor?

RQ2: How do therapists describe their experiences working with low SES people were both explored using the case study method.

There have been few studies that address the impact of the difference in social class between the therapist and client (Balmforth, 2009). Issues such as therapists' cognitive and countertransference reactions to clients' SES have not been adequately researched (Dougall & Schwartz, 2011), so there is a need to better understand the relationship of social class to mental health treatment (Holman, 2014; Burkard et al., 1999). Therapists might be influenced by political ideology that can affect their causal beliefs about responsibility for poverty (Sahar, 2014; Weiner et al., 2011).

Previous research has shown that social class can impact the therapists' perceptions of their clients (e.g., Appio et al., 2013; Dougall & Schwartz, 2011; Smith et al., 2011). Both the general population (Cozzarelli et al., 2001) and therapists are more likely to attribute problems that poor clients face to dispositional factors than to situational factors (Gambrill, 1990; Landmane & Reņģe, 2010). A number of authors (e.g., Appio et al., 2013, Goodman et al., 2013; Smith, 2013) have suggested that therapists harbor biases against poor and low-income clients. However, research studies have shown mixed results. Two studies (Dougall & Schwartz, 2011; Smith et al., 2011) have shown that therapists will be more likely to diagnose lower social class clients with a higher level of symptom severity than their high social class clients. Limited research has examined the reason for these cognitive attributes towards the poor. This is an important research area because therapists' attitudes towards the poor can differ based on the interaction between their feelings and behavior, and because these attitudes can predict the therapists' behavior (Landmane & Reņģe, 2010; Thompson et al., 2014).

A number of studies have been conducted to assess feelings about the poor. Cozzarelli et al. (2001) examined the attitudes and attributions towards the poor of rural, White, middle class undergraduate students attending a Midwestern college. The study showed that attitudes towards the poor were significantly more negative than attitudes towards the middle class; attributions of the poor included being uneducated, lazy, and irresponsible. According to Cozzarelli et al. (2001), this was not an overall assessment of the attitudes towards the poor. A study by Haider et al. (2011) assessed unconscious biases of medical students toward their poor clients. Though these medical students had a preference for upper class clients, it did not impact their assessments. According to Haider et al., the main concern with the study's generalizability was that vignettes were used instead of actual patient encounters. A study by Landmane and Reņģe (2010) examined the relationship between identifying with the poor, attributions towards poverty, and attitudes towards the poor among poor people and social workers. They found that social workers and poor people having a stronger dispositional attribution predicted more negative attitudes towards the poor, whereas for the poor, higher identification with the poor resulted in having stronger situational attributions. Landmane and Reņģe stated that the study limitations included having only Latvian-speaking women as the poor participants, and their status in service agencies were not considered.

The field of psychology has normalized middle class values and ideas while marginalizing those of poor and low-income people (Appio et al., 2013). There is a lack of research oriented toward the experiences of poor and low-income individuals (Dougall & Schwartz, 2011; Lott, 2012). Moreover, poor or working class clients are sometimes

considered as dirty, uneducated, and lazy and therefore undesirable as clients (Appio et al., 2013; Berstein, 1964; Heitler, 1976;). The therapeutic alliance between the client and therapist can be impacted by the therapists' negative perceptions and attitudes toward their poor and low-income clients and can consequently impact treatment effectiveness (Dumont, 1992; Schnitzer, 1996, Vontress, 2011). Although studies have focused on the problems that poor and working class people experience in therapy, the views of poor and working class people should be considered (Appio et al., 2013). Moreover, future studies should include more focus on the experiences of working class men and women and their therapists (Appio et al., 2013; Dougall & Schwartz, 2011). Studies that more deeply explore the class-related therapeutic experiences of low SES clients from the therapists' viewpoint can help build a research foundation for theory and strengthen the clinical relevance of effective mental health services for this underserved population. This study employed a general qualitative approach to contribute to attribution theory and address this gap in the literature concerning the links between social class attributions of therapists and their experiences with low SES clients in actual clinical settings (Holman, 2014; Thompson et al, 2014; Thompson et al, 2012).

Therapist Perceptions and Attributions of SES and Social Class

The therapists' perceptions and attributions about the issue of SES and social class can impact treatment (Dougall & Schwartz, 2011; Vontress, 2011). Therapists can make attributions based on their client's social SES, associating their clients' lower SES to negative attributes, such as being uneducated, unmotivated, and immoral (Foss, Generali, & Kress, 2011; Goodman et al., 2013). Therapists might conceptualize social

class differently depending on their own experiences and the context of the situation (Dougall & Schwartz, 2011; Liu et al., 2004).

In examining the issue of social class, researchers would either interview their subjects about their actual experiences or use vignettes and/or videos to simulate the issue of social class. In four studies, graduate level therapists were interviewed regarding their experiences of working with poor clients. The first two studies examined the experiences of graduate-level psychotherapists providing mental health services to poor clients or describing experiences of receiving therapy as clients (Balmforth, 2009; Smith et al., 2013). The study participants were mental health counselors and clinical-social workers (Smith et al., 2013) from working and middle class backgrounds (Balmforth, 2009). The study participants discussed the rewards and challenges of working with a person from a different social class, being overwhelmed by the challenges of working with this population, and the impact of stigma on the clients (Balmforth, 2009; Smith et al., 2013). Other issues that were discussed were the obstacles of living in poverty, the perception of being poor, multicultural issues, types of interventions utilized, and sources of support for the clinicians (Smith et al., 2013). Additional obstacles included clients feeling a sense of powerlessness and having shame regarding their backgrounds, and that the therapists could not understand their concerns (Balmforth, 2009). The study limitations were that study participants were primarily white, female, resided in only one area (Smith et al., 2013), and that being both clients and therapists might have influenced the participants' viewpoints (Balmforth, 2009). The above studies did not include doctoral-level practitioners and study participants from varied backgrounds.

The final two studies compared the attributions towards poverty of social workers and clients (Landmane & Reņģe, 2010; Weiss-Gal, Benyamini, Ginzburg, Savaya, & Peled, 2009). Landmane and Reņģe (2010) reported that study participants reported feeling a sense of powerlessness and shame regarding their backgrounds, and felt that the therapists could not understand their concerns. The study found that social workers had dispositional attributions regarding the issue of poverty, whereas poor people had structural attributions (Landmane & Reņģe, 2010; Weiss-Gal et al., 2009). Additionally, stronger dispositional attitudes from social workers and poor people predicted more negative attitudes towards the poor, whereas for the poor, higher identification with the poor resulted in having stronger situational attributions (Landmane & Reņģe, 2010). The Landmane and Reņģe (2010) study limitations were the inclusion of only Latvian-speaking women as study participants and not considering the status of the poor people in service agencies (Landmane & Reņģe, 2010) and in the Weiss-Gal et al. (2009) study limitations included using a convenience sample for the study participants.

Other studies (Dougall & Schwartz, 2011; Smith et al., 2011; and Thompson et al., 2014) utilized videos and vignettes to examine the perceptions of working with poor clients. In two studies (Dougall & Schwartz, 2011; Thompson et al., 2014), the participants were therapists, and in one study (Smith et al., 2011) the participants were graduate students in counseling psychology, clinical psychology, and social work programs. The therapists and students were shown short videos or vignettes of lower and higher SES clients to examine the influence of SES on their cognitive attributions (Dougall & Schwartz, 2011; Smith et al., 2011; Thompson et al., 2014). The students

responded differently to clients based on their social class backgrounds, and this could have possible negative influences for the students when working with this population (Smith et al., 2011). In the studies (Dougall & Schwartz, 2011; Thompson et al., 2014) that included therapists, SES did not influence the therapists' cognitive attributions. However, in a study by Dougall and Schwartz (2011), the clients from a lower SES were ascribed more severe mental health problems by therapists. The authors noted that the videos might not have clearly differentiated between a high and low SES client, that the effect size was small, and that the therapists viewed simulated therapeutic environments (Dougall & Schwartz, 2011). Because of these limitations, the authors stated that future research should include measurement of different types of attribution biases and possible ways that they might impact the therapist decision-making process (Dougall & Schwartz, 2011) and should not focus on perception but actual interaction between the therapist and the low SES client (Thompson et al., 2014).

Impact of Therapists' Social Class on the Therapeutic Process

Another issue to consider is the impact of the therapist's social class on the therapeutic process. There has been limited discussion about the relevance of the therapist's social class on the therapeutic process (Corpt, 2013; McDowell et al., 2013). Therapists from middle class backgrounds might have less difficulty with the profession than therapists from lower class backgrounds or therapists from upper class backgrounds (Newton, 2010). For the therapists from poor or working class backgrounds, there can be class related anxieties and shame (Corpt, 2013; Holman, 2014). This might then lead to the therapist favoring therapy styles that might benefit a certain class (Newton, 2010).

There has been limited information to support therapists that are confronting their reactions to the issue of their clients SES (Dougall & Schwartz, 2011; Kim & Cardemil, 2012).The issue of social class is not usually addressed in counseling programs (McDowell et al., 2013). A number of studies examined the issues of class and multiculturalism for counseling students (McDowell et al., 2013; Toporek & Pope-Davis, 2005; Williams et al., 2013). McDowell et al. (2013) explored the issue of social class through the experiences of lower SES students attending family therapy graduate or doctoral level programs (McDowell et al., 2013). However, the other two studies (Toporek& Pope-Davis, 2005; Williams et al., 2013) utilized mostly white participants without identifying the participants' SES.

Williams et al., (2013) examined the relationship between cognitive complexity and attribution styles in counseling students, and Toporek and Pope-Davis (2005) examined the relationship between multicultural training and attributes of poverty among graduate counseling students. McDowell et al. (2013) stated that participants found that family therapy programs are more centered to the middle class population and social class issues, such as being marginalized and experiencing classism, were not acknowledged in their studies. The participants also reported that attending the program resulted in tension in their family of origin and a feeling that they did not belong to either culture (McDowell et al., 2013). Toporek and Pope-Davis (2005) and Williams et al. (2013) found that counselors that have cognitive complexity or have completed multicultural training tend to view their clients in a positive manner and are culturally sensitive. Counseling students tended to make dispositional attributions for their clients

problems (Williams et al., 2013), whereas those counselors that completed more multicultural training were more likely to attribute structural causes to poverty as opposed to dispositional causes (Toporek & Pope-Davis, 2005).

Therapist Competence and Biases

There are therapists that are able to display a higher level of competence and have fewer biases in treating their poor and low-income clients (Dass-Brailsford, 2012). Multicultural competent therapists are aware that clients can experience greater stress due to their sense of powerlessness (Dass-Brailsford, 2012; Foss et al., 2011). These therapists do not separate the clients' problems from their social and cultural experiences (Foss et al., 2011). Therefore, these therapists understand the values and expectations of these clients (Dass-Brailsford, 2012; Foss et al., 2011). Moreover, they understand that some of these clients can demonstrate high levels of resilience as they cope with various stressors (Ali, Hawkins, & Chamber, 2010; Foss et al., 2011). In order to provide appropriate care to poor and low-income clients, therapists must confront their own classist attitudes and behaviors (Goodman et al., 2013; Liu et al., 2004). Therapists need to be aware that their classism can be related to the perception that their clients need to display certain appropriate behaviors and discuss their problems using certain language styles (Liu et al., 2004).

The therapists working with low-income individuals should follow certain guidelines. For low-income clients, evidence-based treatment has been showed to be effective, and providing the clients with these types of treatments will ensure they receive quality care (Appio et al., 2013; Santiago et al., 2013). These clients might require

flexibility in their treatment schedules that would take into consideration their varying needs (Goodman et al., 2010; Santiago et al., 2013). Empathic understanding and outreach is an additional component that would assist therapists in engaging their clients (Santiago et al., 2013). According to Kim and Cardemil (2012), the focus on preventive mental health services also is important with low-income individuals because many of these individuals do not seek out mental health services. The Family Coping Skills Program (FCSP) assists clients in learning how to cope with their negative emotions, provides psycho-education services, and provides client with social support through groups. This type of service is in addition to the therapist being aware of social issues that could impact the client (Kim & Cardemil, 2012). Therefore, developing competence in treating individuals with serious mental illness is very important and might require the therapists to learn and be exposed to a more enlightened approach to recovery (Foss et al., 2011; Mueser, Silverstein, & Farkas, 2013).

Unfortunately, there are middle class therapists that might not understand their clients' poverty experiences (Dass-Brailsford, 2012; Vontress, 2011). These therapists could fail to comprehend that their poor clients might be excluded from many societal experiences and not have access to the same opportunities as other people (Smith, 2013). For example, according to Guerrero and Kao (2013) many ethnic and low-income communities have limited access to mental health facilities that provide integrated care for mental health and substance abuse. Therapists might not even consider that the reasons for clients not seeking out or attending treatment could be due to societal exclusion and lack of access (Smith, 2013). Furthermore, some therapists might have

their own psychological barriers when they work with low-income clients, such as having negative stereotypes of poor people and what they would consider as an effective treatment (Kim & Cardemil, 2012). Consequently, poor people might not feel that therapists in clinics address their needs and appreciate their strengths (Foss et al., 2011; Vontress, 2011).

Therapists might normalize their worldviews and experiences and, as a by-product, communicate to their clients a devaluing message (Appio et al., 2013; Vontress, 2011). A therapist might insist on focusing on the client internal conflict, while the client is facing external stressors such as lack of a job, housing and food (Ali & Lees, 2013; Goodman et al., 2013). Therefore, mental health treatments might need to be modified to better address the needs of poor clients (Goodman et al., 2013; Vontress, 2011). Modifications can include a consideration of issues, such as food and shelter, in addition to receiving mental health treatments (Appio et al., 2013; Goodman et al., 2013).

Social Class and SES in Psychotherapy

Social class can be understood as a psychological construct but the terms of social class and classism should be operationalized and the difference between social class and SES understood (Liu et al., 2004). An individual's social class is determined by income level, education, and occupation whereas the person's SES is determined by their lifestyle and ability to have power and control resources (Liu et al., 2004; Newton, 2010). Therefore, SES would not indicate a group mindset but only indicates the person's place in a particular economic system (Liu et al., 2004; Smith, 2013). Classism can be defined as prejudice and discrimination applied towards members of a specific social class by

members of another social class (Liu et al., 2004; Lott, 2012). This means that classism can be perpetrated by the upper class towards the lower class, by the lower class towards the upper class, and from members of the same group towards other members of the same group (Newton, 2010). Classism can be experienced on a daily basis and be a struggle for many people(McDowell et al., 2013). While there are objective criteria for determining social class, peoples' subjective perception of their social class should be considered, which will aid in addressing issues related to social class in treatment (Liu et al., 2004).

There should be psychological treatments that address the specific needs of poor clients (Ali & Lees, 2013; Smith, Bratini, & Appio, 2013). Poor and working class clients might not possess the same abilities to verbalize and communicate their emotional needs and might favor short-term solutions, such as psychopharmacological solutions, to engaging in psychotherapy (Holman, 2014; Vontress, 2011). The use of psychotherapy might be more acceptable for individuals from a middle class background (Kim & Cardemil, 2012; Vontress, 2011). The issue of external social stressors also needs to be taken into consideration in providing treatment to poor and low-income clients (Goodman et al., 2013; Vontress, 2011), because social stressors can have a negative impact on the individual's health and mental welfare (Gamarel et al., 2012; Lott & Bullock, 2010).

Gamarel et al.(2012) examined the association between SES and mental health among gay and bisexual men in New York City. The study found that discrimination based on a person's SES could result in increased depressive and anxiety symptoms. However, study participants were based on a convenience sample and the study

participants might have had depressive and anxiety symptoms unrelated to SES discrimination. Sommerfeld (2014) examined the meaning of social class for middle class women. The study showed that the participants were worried about financial security for their families and maintaining their middle class status (Bowman, Kitayama, & Nisbett, 2009; Sommerfeld, 2014). The study limitations were only including 12 White women in the study and using subjective indicators of middle class status for inclusion in the study (Sommerfeld, 2014).

A study by Thompson et al. (2012) examined the impact of social class on the psychotherapy process for low-income clients. Thompson et al. reported that it was important to acknowledge social class differences between the therapist and client to show flexibility in the therapeutic relationship and to provide support and awareness of client needs**.** They acknowledged that a study limitation was that only low-class or working class study participants were recruited, which focused the attention of the participants on this issue. Another limitation was that only participants that had completed a minimum of six sessions within the past six months were accepted, which excluded those individuals that might have had negative experiences and not continued with their therapy (Thompson et al., 2012).

Many therapists are from middle or high-class backgrounds and might not be aware of the issues that poor and working class clients face on a daily basis (Appio et al., 2013). These issues include practical, psychological, and cultural barriers. The practical barriers would include not having access to childcare services, challenging workplace schedules, and lack of transportation services that can impact the clients' abilities to

attend sessions regularly (Appio et al., 2013; Kim & Cardemil, 2012; Krupnick & Melnikoff, 2012). The psychological barriers include issues related to the stigma of receiving mental health treatment, lacking the energy required to attend treatment due to the debilitating effects of depression and PTSD (Krupnick & Melnikoff, 2012). The client might feel they are being devalued as individuals and feeling devalued by the therapists that might not be aware that they are conveying to the clients these devaluing messages (Appio et al., 2013). The cultural barriers include lack of communication due to language differences, difficulty conveying emotions in certain cultures, and misinterpreting non-verbal messages (Krupnick & Melnikoff, 2012).

In order to challenge classism, therapists must listen to the ideas of poor and working class clients regarding approaches to their treatment (Appio et al., 2013). Understanding the way that classism impacts people can also help therapists better understand their patients' motivations (Liu et al., 2004). Many poor clients lack access to housing, food and appropriate healthcare, and these issues have to be taken into consideration in the treatment process (Appio et al., 2013). People from a lower social class can be discriminated against based on accusations of a person from a higher social class, for instance a shop owner might not serve them if they are considered as lacking the ability to purchase items in the store (McDowell et al., 2013). Another issue to address is the impact of the therapists' socioeconomic background on the relationship between a poor client and the therapist. Sharing a cultural and socioeconomic background does not result in more effective treatment (Aymer, 2012).

Attributions of Social Class in the United States

There are very few discussions about social class differences in American society, so people are mostly unaware of the impact of class on the individual (Corpt, 2013; King, 2012; Lott, & Bullock, 2010). Most middle and upper class people are not aware of the ways that social class can impact the issues of privilege and access (King, 2012; McDowell et al., 2013). Additionally, there is a general belief in America that class boundaries are fluid (King, 2012; Lott, 2012; McDowell et al., 2013); any person can earn a higher education degree, and attain a high paying job (Sánchez, Liu, Leathers, Goins, & Vilain, 2011). These views impact attitudes concerning the issue of poverty among children and adults (Sigelman, 2012).

Peoples' political leanings also impact their attitudes of poverty. Conservatives tend to view the issue of poverty as relating to the individual's shortcomings, whereas progressives would view the issue of poverty as related to discriminations and social inequities (Bobbio, Canova, & Manganelli, 2010; Bullock, Lott, & Truong, 2011). Factors such as education, occupation, and income influence the way that a person understands his or her SES, defined as subjective socioeconomic status (Kraus et al., 2013). Another factor to consider is that many Americans believe in the Protestant Work Ethic, which states that a person's success is a reflection of their virtue, and the way to improve social standing is through hard work, discipline, and personal responsibility (Cokley et al., 2007; Cozzarelli et al., 2001).

In recent years, there has been renewed attention regarding the issues of poverty and SES (Bullock et al., 2011). SES is considered one of the most important predictors of

mental health (John-Henderson et al., 2013). A study investigated the impact of SES on physical and mental health and the way that this impacts the person’s self-rated health (Meyer et al., 2014). The study found that a low SES was associated with greater safety concerns and also impacted the person’s physical activity, which in turn, impacted their mental health and self-rated health (Kraus et al., 2013; Meyer et al., 2014). The study limitation is that the study did not take into consideration objective and subjective measures of the neighborhoods (Meyer et al., 2014).

Summary and Conclusions

The purpose of this literature review was to examine research conducted on therapists’ social class attributions and perceptions, the impact of social class on the therapeutic process, and the role of social class in the United States. These studies examined issues, such as dispositional versus structural attributions, approach to social class issues, and cognitive attributions, classism, and bias.

In several studies, therapists discussed the challenges of working with the poor, feeling overwhelmed, and having dispositional attitudes toward the poor (Balmforth, 2009; Smith et al., 2013; Landmane & Reņģe, 2010; Weiss-Gal et al., 2009). There were also differences between the students’ and practicing therapists’ responses. Students might treat low SES clients differently and ascribe to them more severe mental disorders (Smith et al, 2011), whereas the clients’ SES did not influence the therapists’ cognitive attributions (Dougall & Schwartz, 2011; Thompson et al., 2014). The proposed study will focus on the way that therapists’ perceive the issue of poverty.

Studies by McDowell et al. (2013), Toporek and Pope-Davis (2005), and Williams et al., (2013) examined the role and importance of class and culture for counseling students and showed that counseling programs were more centered on middle class values. Students that demonstrated more cognitive complexity tended to view their poor clients in a positive light. Consequently, therapists with greater sensitivity and cultural awareness have fewer biases towards their poor clients (Dass-Brailsford, 2012). Studies found that having a higher level of color-blindness was inversely related to the empathy displayed to poor clients (Burkard & Knox, 2004; Gushue & Constantine, 2007). Therefore, it was important to acknowledge the race of clients (Burkard& Knox, 2004). Additionally, issues such as classism and discrimination needed to be better understood (Appio et al., 2013).

Issues of social class and SES have impacted American society. Studies have shown that lower SES status could impact the person's physical and mental health (John-Henderson et al., 2013). There were differences between lower, middle, and upper class individuals in the way they express empathy for the suffering of others, their sense of control over their environment, and willingness to engage in their communities (Kaus et al., 2012; Stellar et al., 2012), Therefore, a person's social class can impact the ways that they relate to society and influence their psychological welfare (Ali & Lees, 2013; Appio et al., 2013).

A gap in the literature exists concerning the effects of social class attributions of therapists on psychotherapist responses towards low SES clients in actual clinical settings (Holman, 2014; Thompson et al, 2014; Thomson et al., 2012). Thompson et al. (2014)

concluded that future research studies should not focus on perception of vignettes, but actual interaction between the therapist and the low SES client (Thompson et al., 2014). This research in this dissertation will help to address the gap in the literature by understanding the impact of therapists' social class attributions on responses towards low SES clients in actual clinical settings (Holman, 2014; Thompson et al, 2014; Thomson, Cole & Nizram, 2012).

Chapter three will discuss specific research methods, specifically the way that actual clinical settings were used to understand the research topic. Chapter three will present the research method for this study. Chapter three will also include an introduction, research questions, research design and rationale, role of the researcher, methodology, issues of trustworthiness, and conclusion. A multiple case study approach will allow for the exploration and examination of the perceptions of therapists and also contribute to addressing the gap in the literature.

Chapter 3: Research Method

Introduction

The purpose of this qualitative descriptive case study was to identify the ways therapists' social class attributions were linked to their experiences with low SES clients in actual clinical settings. In fulfilling the purpose of the study, I used the theory of attribution to examine therapists' social class attributions in clinical practice (Thompson et al., 2014). Attribution theory suggests that the way people perceive and evaluate behaviors is the basis for their attributions. As such, an individual's beliefs or causal attributions of social class influence that person's interactions with others (Bullock, 1999; Cozzarelli et al., 2001; Tagler & Cozzarelli, 2013).

In this chapter I describe the research method and approaches that were used to conduct the study. I explain the multiple case study design and rationale and provide a comparison of qualitative versus quantitative research. I describe the role of the researcher as well as the participant selection process and the ways I addressed researcher biases. I explain the sampling strategy and discuss the use of a pilot study. I describe the data collection methods, participant recruitment, and data analysis procedures and address issues of internal and external validity, dependability, and confirmability. Finally, I explain the ethical procedures for the protection of the study participants and potential issues of researcher bias. In summary, this chapter includes an introduction and summary, a discussion of the research design and rationale, role of the researcher, methodology, (participant selection logic, procedures for recruitment and participation, data analysis),

issues of trustworthiness (credibility, external validity, and dependability and confirmability), and ethical procedures.

Research Design and Rationale

The research questions of this study were developed to gain insight about the link between social class attributions of therapists and psychotherapist responses towards low SES clients in actual clinical settings (Holman, 2014; Thompson et al, 2014; Thompson et al, 2012). To explore this relationship, I developed two research questions:

RQ1: How do therapists describe what it means to be poor?

RQ2: How do therapists describe their experiences working with low SES people?

Despite a large body of research and theory on the impact of identity-related biases on mental health practice (e.g., Adler et al., 1994; Appio et al., 2013; Belle, 1990; Burkard et al., 1999; Gushue &Constantine, 2007; Smith et al., 2013; Smith, 2011), the influence of therapists' attitudes regarding clients' social class is not usually considered (Smith et al., 2013). Therapists' cognitive attributions about SES can impact how a client is perceived by the therapist and how the therapist understands and ascribes meaning to a low SES client's presenting problems (Dougall & Schwartz, 2011; Thompson et al., 2014). Attributions are explanations that are used by people to understand events, and according to attribution theory, people rely on cognitive attributions to make sense of the world and guide their decisions and actions (Thompson et al., 2014). Research is needed in various areas, including the impact of social class indicators on client-therapist

interaction and the impact of social class differences between the therapist and client (Appio et al., 2013; Thompson et al, 2014).

Qualitative research differs from quantitative research in the way that information is presented. Qualitative study findings are stated as opposed to quantitative research, which utilizes tables and figures to present data (Bansal & Corley, 2012). By using a qualitative research study method, researchers can use information gathered from participants and present it in their own words, which can help to highlight their concerns (Appio et al., 2013). Hypotheses in quantitative analysis examine the association between independent and dependent variables, whereas qualitative analysis is utilized to examine the meanings underlying human behaviors (Bansal& Corley, 2012; Yin, 2014). The qualitative approach was utilized to explore the meanings of the therapists' behaviors (Sommerfield, 2014). Qualitative research methods are used to investigate issues without having a predetermined conclusion (Mack et al., 2005; Joubish et al., 2011) and can be utilized to understand social issues in a methodical manner (Joubish et al., 2011). Therefore, the complexity of the therapists' experiences can be examined by utilizing the qualitative approach (McDowell et al., 2013). Case studies can use the qualitative research method to examine a phenomenon in the context of the real world (Yin, 2010). For this study, therapists working with low SES clients in clinical settings provided their perceptions of working with their clients. Conducting a multiple-case study can allow the opportunity for replicating the study results (Yin, 2010) and can also identify specific problems that can result in building theory.

This study used a qualitative multiple-case study approach that identified the way that therapists' social class attributions were linked to their experiences with their low SES clients in actual clinical settings. This approach allowed me to achieve a deeper understanding by examining the issues through therapists' perspectives. The qualitative approach uses different strategies to collect data and therefore different perspectives and ideas can be examined (Jonsen & Jehn, 2009). I recorded the interviews and also took notes during the interviews (Patton, 2002).

Utilizing a multiple-case study design enabled me to explore the differences between the cases (Yin, 2014). This use of a multiple-case study method is appropriate when *how* and *why* questions are asked about current events and when the researcher has no control over the participants' responses (Yin, 2013). I chose the multiple-case study approach for this study because using *how* and *why* questions would result in a thorough examination of the therapists' perceptions regarding their clients' low SES (Yin, 2012). Additionally, a multiple case study method allows a researcher to explore the unique aspects of each case and then to compare the cases (Bergdahl, Benzein, Ternestedt, Elmberger, & Andershed, 2013); in this study, I examined the perspectives of the therapists and then compared them to each other (Stringer, van Meijel, Koekkoek, Kerkhof, &Beekman, 2011).

This study focused on the perceptions and cognitive attributes of each of the therapists to the issue of the clients' SES. Each of the cases provided a unique contribution and formed the basis for the theoretical framework of the study (Eisenhardt & Graebner, 2007; Yin, 2014). A multiple-case study design utilizes research protocols

for research design, collecting data, and analysis, with the initial step of developing a theory and participants selection (Yin, 2010). The advantage of a multiple-case design in comparison to a single case design is that the study results are considered more convincing (Herriott & Firestone, 1983). I analyzed the therapists' responses at the individual and at the group levels (Stringer et al., 2011).

In a multiple-case study design with increased similarities among the cases, there are higher prospects for replicating the study results (Yin, 2010). However, each case can have divergent results and consequently researchers should consider whether the findings could support a broader set of conclusions and possibility for replication (Yin, 2010). Participants' selection in multiple case studies should be considered based on replication logic (Yin 2012), and in this study, the selection criteria identified therapists who have similar minimal work experiences with low-income clients. I selected therapists who had at least three years of work experience with low-income clients and were licensed mental health providers in the State of New York at a master's or Ph.D. level. The number of cases required depended on the homogeneity of the cases; with greater homogeneity, fewer cases were required for the study (Stringer et al., 2011). Studies that examined perceptions of therapists included a wide range of work experience ranging from six months to 43 years (Burkard & Knox, 2004; Dougall & Schwartz, 2011; Landmane & Reņģe, 2010; Smith et al., 2013; Weiss-Gal et al., 2009). In a number of multiple-case studies, the number of participants ranged from three to six (Bergdahl, et al., 2013; Bozic, 2013; Migliorini, Tonge, & Sinclair, 2011; Welch, Grossaint, Reid, & Walker, 2014). In

the present study, the study participants were required to have at least three years of work experience with low-income clients. There were 10 therapist participants.

Role of the Researcher

As the primary researcher for this study, I did not have any personal or professional relationships with the study participants. Study participants were selected through the use of a purposeful sampling method using the techniques of snowballing and networking. Network sampling is using social or other types of networks to recruit study participants (Davis, Gallardo, & Lachlan, 2012). Snowballing sampling occurs when study participants lead the researcher to other potential study participants; this method is purposeful (Yin, 2010). As the primary researcher, I personally contacted the potential study participants. Researcher bias was addressed before the start of the study. The bias was my prior working experience with low-income clients, which could have influenced the analysis and findings of the study and the observation notes taken during the interviews.

According to Greene (2014), the researcher should be careful not to be too subjective due to previous knowledge and experiences in the same field. I considered any biases and monitored behavior during the interview sessions to not convey any personal opinions and ideas to the interview subjects. I considered my biases when taking observation notes and during the analysis of the findings. Third, I sought the advice of my chair and committee members regarding the analysis of the study findings.

The study was conducted in an ethical manner adhering to the Walden research protocols and IRB regulations. I completed the National Institutes of Health (NIH) web

based training course “Protecting Human Research Participants” on 6/26/2015, certification number 1789830.I conducted all the interviews, transcribed the data collected through the digital recording, and analyzed the data. All research protocols and procedures were reviewed carefully before the start of the study. The dissertation chair reviewed the IRB application before the application was submitted to the IRB committee. I explained to the study participants the purpose of the study and the way that information would be gathered. They were also notified that they could refuse to participate in the study or to withdraw their consent to participate at any stage of the interview process. These procedures were sufficient to protect the participants’ rights and to ensure that the study was conducted in an ethical manner. Other ethical issues could include doing a study within one’s own work environment, conflict of interest or power differentials, and justification for use of incentives. The study was not conducted in my own work environment, so there were no issues concerning conflict of interest or power differentials. No incentives were provided to the study participants.

Methodology

Participant Selection Logic

The study participants included masters and Ph.D. licensed mental health practitioners that work or have worked with poor or low-income clients for at least three years. The study utilized purposeful sampling to choose the study participants. Purposeful sampling allowed me to recruit participants that fit the research criteria and that had the potential to provide the most relevant data (Smith et al., 2013; Yin, 2010). I utilized network and snowballing sampling strategies to recruit study participants that work at

various locations. Snowball sampling is one among the different types of purposeful sampling methods (Merriam, 2009). Snowball sampling involves asking study participants to refer other qualified study participants (Merriam, 2009).

The procedures for the network and snowball sampling involved the following steps. Step one, used network sampling to ask about potential study participants from people that I work with. Step two, I contacted these people by email about participation in the study. Step three, I asked the study participants if they knew another person that is qualified and that might be interested in participating in the study. Step four, was to receive that person's email contact information. Step five, was to send the informed consent form to the potential study participant. Step six, if an email was received that the person was willing to participate in the study, and then I scheduled an appointment for the interview. Step seven, I conducted the interview at a place and time convenient for the study participant.

The data sources were in-depth interviews with 10 licensed therapists who work with poor clients and field notes taken during the interviews. Yin (2014) states that anywhere from six to10 is sufficient number of participants. The criterion for selecting therapists was current or past working experience with clients that are poor in a clinical setting. The therapist needs to have at least three years of experience working with this population. In studies by Dougall and Schwartz (2011) and Landmane and Reņģe (2010) that explored therapists' social attributions, the therapists' professional experiences ranged from six months to over 26 years. The participants were selected from any background, ethnicities, nationalities, SES, religion, gender, and age groups. For this

study, I chose a suitable number of participants to ensure an effective sample size. The relationship between saturation and sample size is that saturation determines the sample size in qualitative studies (Mason, 2010). The factors that impact saturation are the nature of the study, the quality of the data gathered, and the heterogeneity of the population (Mason, 2010). Therefore, I continued to interview study participants until they confirmed the quality of the data by confirming the information provided by other study participants.

This study utilized open-ended semistructured interview questions (Appendix A) to collect data from the study participants. The use of semistructured questions will allow me to explore predetermined areas of interest (Petty, Thomson, & Stew, 2012). Through the use of semistructured interview questions, the therapists in the study were able to reflect on their experiences working with their low-income clients (Balmforth, 2009). According to Yin (2010), the qualitative interview has a number of challenges for the researcher to overcome as part of the qualitative interview process. First, the interviewer should try to speak infrequently, thus encouraging the interviewee to speak at length. The interview questions should be structured to encourage the interviewee to speak extensively (Petty et al., 2012). Second, the interviewer should be non-directive, so the interviewee can describe his or her experiences as he or she comprehends them. Third, the interviewer should be neutral and not convey through verbal or non-verbal methods any biases. Fourth, the interviewer should maintain rapport with the interviewee in a way that makes the interviewee feel comfortable, while ensuring the interviewee not convey any information that might be harmful. I utilized these four approaches during my

interviews to encourage the interviewees to discuss their experiences and thoughts at length. The open interview questions were sufficient to gather information to answer the two research questions. The case study approach allowed for an in-depth examination of different perspectives (Helfrich et al., 2014).

The challenge in this research study was for me to remain non-directive, so that the therapists participating in the study were able to describe their experiences. I used the interview guide (Appendix A) to guide the interview and asked questions as needed to reach saturation (Mason, 2010). The interviews were recorded using a digital recorder, and then the information was transcribed and analyzed. The transcribed interviews were provided to the interviewees for verification. I supplemented the audio recording by taking notes during the sessions about non-verbal behaviors displayed by the interviewees. I took notes occasionally and maintained eye contact with the interview subject during the interview to maintain the flow of the interview.

Instrumentation

In this section, I will identify the data collection instruments and establish the way that these instruments answered the research questions. Additionally, in this section I will describe literature in regards to case studies. This study utilized open-ended semistructured interview questions (appendix A) to collect data from the study participants. The use of semi-structured questions allowed me to explore predetermined areas of interest (Petty, Thomson, & Stew, 2012). Through the use of semistructured interview questions, the therapists in the study were able to reflect on their experiences working with their low-income clients (Balmforth, 2009).

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Procedures for Recruitment and Participation

The procedures for recruitment and participation included the following steps. First, the potential participants were contacted using the purposeful selection method utilizing network or snowball sampling techniques. Therapists in my current network were asked to refer potential study participants. Then, I sent those individuals an e-mail and invited to participate in the study (Appendix B). After potential study participants stated that they agreed to participate in the study, they were sent the consent form by email. Therapists were interviewed by phone to verify their suitability for the study. Upon verification, an interview time was scheduled. The scheduled interview lasted approximately 90 minutes. I scheduled the interviews with the therapists at a site and time that was convenient for them. Options included interviewing the therapists in their offices or homes or in my office. Prior to the start of the interview, the informed consent form was reviewed with study participants. Then, I reviewed the informed consent form with the participants and answered all questions that the participants posed concerning the study and their role. After the client indicated understanding of the form and agreed to participate, he or she signed two informed consent forms, one that was given to the participant and one I retained. The participants were asked for permission to record the interview using a digital recorder. They were informed that as part of the agreement he or she had the right to refuse to respond to any of the questions posed during the interview and exit the research study. The site was private and enabled the interview to be audiotaped. At the start of the interview, the following were discussed: the purpose of the study, the amount of time needed for the interview, and plans for study results. After the

data was transcribed, the interviewees provided any corrections to the transcribed information. After the study was completed, the study participants were emailed a two-page summary of the study results.

The interviews were structured as prolonged case study interviews. According to Yin (2014), a prolonged case study interview can occur in one or more sittings, and can take two or more hours to complete. The interviewees were asked about their opinions, insights, and explanations that can form the basis for further inquiry (Yin, 2014). The interview protocol included an introduction that included the study objectives, the interview questions, and the conclusion, which included a summary of the discussion. In using a multiple case study design, the issue is how many participants would be sufficient to reach saturation. There is no set number of participants required for a case study (Merriam, 2009). The number of participants depends on collecting sufficient data to respond to the research questions (Merriam, 2009). According to Yin (2014), a multiple case study design should be considered as multiple experiments. Therefore Yin states that conducting six to ten case studies is sufficient.

The networking and snowballing methods continued to be utilized until saturation was achieved. The researcher should ensure that important information is uncovered without the sample becoming too repetitive (Mason, 2010). The number of cases included in the study was based on my judgment. I determined the number of case replications that were required to address the purpose of the study and examine the social attributes of therapists. If recruitment had resulted in too few participants' then networking and

snowballing methods would have been continued until the desired number of participants was achieved.

The goal of this study was to report on similarities and differences among the therapists in the study of their social class attributions and the way these are linked to their experiences with low SES clients. Each of the therapists served as one case or unit of analysis. The units of analysis for this study were10 therapists who were currently working or had worked in the past with poor clients. Each of the cases should be considered as an individual experiment, with each additional case providing support for the initial study results or providing contradictory results and consequently resulting in the need to revise propositions (Yin, 2014). Purposeful sampling allowed me to gather consistent information from a reliable resource.

For the study the number of participants is expected to be 10 unless data saturation indicates that there is more data required to respond to the study questions (Mason, 2010). Additional data might not result in greater information that would be used for analysis (Mason, 2010). The participants selected for the study should be knowledgeable in the area being researched, be interested in participating in the study, and allow for the data to be published (Merriam, 2009). The criteria for selecting study participants was that they were licensed therapists that had worked or were currently working with poor clients and for a period of at least three years.

The data collection process began with a researcher-developed interview protocol that included six open-ended questions based on the study research questions (Appendix A). The use of an interview was an important way to gather data from study participants

about their experiences (Roulston, 2011). The aim of open-ended interview questions was for the study participants to describe their perceptions of working with poor clients. Feedback was sought from the dissertation chair and committee members regarding the interview questions and interview structure and style.

The response to the first interview question: “What does it mean to be poor in America?” was used to examine the therapists’ cognitive attributions about poverty and being poor. Some therapists may have preconceived notions about the issue of social class (Dougall & Schwartz, 2011). Other therapists might have classism attitudes that impact the way they understand the world (Appio et al., 2013). However, it is important that therapists understand that being stigmatized can result in psychological distress (Appio et al., 2013) and can impact the therapeutic alliance (Balmforth, 2009). The client that is poor needs to address immediate challenges that are connected to their lives (Foss et al., 2011).

The response to the second interview question: “What do you think causes poverty?” was used to examine the therapists’ cognitive attributions regarding the causes of poverty. People with conservative views might attribute poverty to personal deficits, whereas people with liberal views might attribute poverty to structural issues connected to discrimination (Bullock et al., 2011).

The response to the third interview question: “What do you think keeps a person in poverty and poor?” was used to examine the way that therapists understand the circumstances of being poor. According to Cokley et al. (2007) the Protestant work ethic is an important aspect of U.S. culture and that stresses the importance of hard work and

responsibility as a way of improving that circumstances a person faces and also indicates the person's virtue. Cokley et al. stated that individuals from the upper middle or upper class might have a stronger sense of the Protestant work ethic than those individual from the lower or middle class.

The fourth interview question: "How do you perceive that social class impacts your relationship with the client?" was used to examine the way that the therapist perceives the impact of social class on their relationship to their client. This question was used to examine the impact of social class on the way that a therapeutic alliance can be formed between the therapist and client. The therapists' negative perceptions of the poor can impact the therapeutic alliance between the client and therapist (Vontress, 2011).

The fifth interview question: "How do you perceive that social class impacts your work as a therapist?" was used to examine the way that therapists perceive the issue of social class. Although people have more negative attitudes towards the poor than towards people in the middle class (Cozzarelli et al., 2001), therapists rarely discuss the impact of their social class on the therapeutic process (Cropt, 2013).

The sixth interview question: "What are some experiences of working with poor clients in your practice that characterizes your work with this population?" was used to examine the therapists' views and attitudes of working with poor clients. Social class can have a tremendous impact on people's lives and it is important to understand the impact of differences of social class between the therapist and their clients (Balmforth, 2009).

I used a digital recorder during the interview and the information was transcribed and analyzed (Petty et al., 2012). The aim was to compare responses from the

interviewees and look for any similarities and patterns. The interviewer supplemented the audio recording by taking notes during the sessions recording any non-verbal behaviors displayed by the interviewee. However, the note taking was done in a way as to not disrupt the interview process (Yin, 2010). In order to reduce possible errors or omissions by the study participants, the transcribed interviews were sent to the interviewees for review and comments. The data that was collected in this research study was archived with the analysis that was conducted. A numerical classification system was used to maintain the study participants' confidentiality (Yin, 2014).

The data collection and interviewing process began after receiving approval from the IRB committee at Walden University. I conducted the interviews with the participants and collected the study data**.** As data was collected, an initial analysis was conducted (Merriam, 2009). Data collection was based on the participants' responses to the semistructured interview questions, my field notes, and reflection on the data that I collected. I interviewed the participants at a private location convenient to them in order to maintain their confidentiality. The interviews took 60 to 90 minutes to complete.

According to Yin (2014), the use of multiple sources of information is recommended when case studies are conducted. One of the most important sources of information in case studies is using the personal interview format with well-informed participants that can provide important insights into actions and help to identify other sources of information. In addition to the interview questions, I recorded personal observations in field notes. These observations provided additional information about the research topic (Yin, 2014). Field notes included reflective comments, reactions, and

initial interpretations about the setting, people and activities (Merriam, 2009). The notes were kept in an organized format so they could be easily assessed (Merriam, 2009).

After the participants were identified, they were referred to by a number designated specifically for them, in order to maintain their confidentiality and anonymity. The study participants were asked to divulge any confidential information about their clients. For the purposes of replication, logic identical interview questions were asked of all study participants (Yin, 2009). The study participants were informed prior to the start of the interview, about the methods used in the study. After the completion of the study, copies of the research were provided to all participants.

For this study, I used Microsoft Excel spreadsheets to store, organize, and track the study participants' contact information based on a numerical coding system that was used to identify them. The spreadsheets was also used to track appointments with the study participants. The spreadsheets were stored on a private computer with iCloud backup for the data.

According to Yin (2010), field notes should also be gathered during the research process. Field notes can be based on the interviews, observations, or analysis of documents. By recording observations and thoughts, I gained clarity about any experiences that occur during the data collection process. Yin (2010) states that the notes may be written, taped or recorded in an electronic file. The field notes should be organized in such a way that would allow for easy retrieval and be organized according to the main topics of the research study (Ying, 2010).

The interviewees exited the study at the conclusion of the interview. Interviewees were informed that they would be emailed their transcribed interviews for the purposes of clarification or to provide additional comments. After the interview data were transcribed, the participants were provided a copy of their transcribed interviews and asked for feedback concerning the content of the interview.

Data Analysis

There were a number of steps for the data analysis. First, I transcribed the digital recordings. Second, I emailed the transcribed interviews to the interviewees and ask that they provide comments. I informed the interviewees that they had a week to respond, but that they could also ask for additional time to review the transcribed interviews. Third, I reviewed the transcribed interviews and compared them with the field notes taken during the interviews. Fourth, the data were coded and then highlighted according to themes. Fifth, the data from the different cases studies were compared.

The interview questions aimed to align the problem statement, study purpose, and research questions. The interview questions are included in Appendix A. Each interviewee was asked the same interview questions and in the same order.

Six interview questions were developed to explore the way that therapists understand the issue of poverty and their reactions to treating poor clients. The first, second, and third interview questions were used to respond to the first research question: How do therapists describe what it means to be poor? The fourth, fifth, and sixth questions were used to respond to the second research question: How do therapists describe their experiences working with low SES people?

The data analysis for this research study relied on the data collected and ruled out any other interpretations (Gibbert, Ruigrok, & Wicki, 2008) concerning the reasons that therapists' social class attributions are linked to their experiences with their low SES clients. According to Yin (2010), in order to conduct a case study analysis, a general analytic strategy is required. The cross-case synthesis technique is used to aggregate findings from two or more different case studies. Using the cross-case synthesis method helps to determine if the case studies are comparable and whether they confirm or disconfirm the original study expectations. Discrepant evidence should be sought to test any possible rival explanation and these cases should then be reported (Yin, 2010).

The data analysis was coded according to themes. For example, the theme of poverty, of social class, and of practice was coded. Each theme was separately highlighted. The themes were used during the triangulation process to strengthen the trustworthiness of the study (Yin, 2010). The data sources used for triangulation included the interview questions (Appendix A), observational field notes, and reflections on the data (Patton, 2002). In order to manage the data, the interview notes were organized by the interviews questions with numbers referring to the questions and a letter referring to a specific theme. For example, the first theme in question two was identified as "2A" and the second theme in question two was identified as "2B." The Microsoft spreadsheet was used to organize and store the collected research data and to organize themes.

One of the greatest challenges with case studies is developing a plan for data analysis (Yin, 2014). There are a variety of computer software programs that can assist with data analysis but I preferred to personally analyze the data. The interview

transcriptions and notes were examined, rather than relying on a computer software program that might not fully comprehend all the meanings and context of the interview. Additionally, I used a Microsoft Excel spreadsheet for the purposes of storing and organizing the study participants contact information based on a numerical identification system. The Microsoft Excel spreadsheet was used to track the meetings with the study participants. The Excel spreadsheet was stored on a password-protected computer.

Content analysis was used to analyze the interviews and field notes (Merriam, 2009). Content analysis could also be used to quantify the research data for future research (Stake, 2010). Each of the research themes was analyzed so the overall phenomena can be described, and the themes can be used for triangulation. The use of data triangulation can be used to corroborate facts that are gathered from multiple sources (Yin, 2014). The data was analyzed to identify trends and inconsistencies.

In order to better organize the data, the notes were organized by the research questions. As suggested by Patton (2002), the data was coded to identify themes and any patterns so they could be compared to other cases. Themes were coded by letter and number combinations, with the number referring to the research question and the letter referring to a specific theme. For example, the third theme for research question one was coded as “1C.” Most of the recorded interview sessions lasted approximately one and a half-hours and were transcribed and organized by participant number. Themes were displayed through the use of tables and potential variations, and inconsistencies were identified and noted. Field notes were used during the interviews to record the participants’ responses, emotions, and actions that might not be recorded by the digital

recorder (Shank, 2006). The interview transcriptions were examined for themes and patterns and those were compared to the field notes for further verification and triangulation was conducted by study participants that provided feedback concerning the accuracy and validity of the transcribed interviews (Creswell, Hanson, Plano, & Morales, 2007). Using a cross-case synthesis technique enabled me to determine whether the case studies were comparable (Yin, 2014). The larger the pool of study cases the stronger the results of the study. In the present study I conducted ten in-depth face-to-face interviews, with each case providing strong evidence for analyzing how therapists' social class attributions impact their relationships with their low SES clients. Each case was treated separately.

Issues of Trustworthiness

According to Yin (2010), to build trustworthiness three objectives should be met. First, the qualitative research procedures should be transparent, so that others can examine the data and evidence that supports the study conclusions. All the study participants were asked the same questions, the responses were transcribed, and the study participants were able to comment or clarify any comments made. Second, the qualitative research was conducted methodically, following specific procedures in order to help avoid bias. Lastly, the research was based on strict evidence, and with qualitative research, the evidence is expressed through the actual language of the study participants. Other potential concerns are internal and external validity, dependability, and confirmability.

Internal Validity

Internal validity was a concern because I made inferences based on the data collected (Yin, 2014). Internal validity is the way that research findings match the reality being examined (Merriam, 2009). In this study, therapists were interviewed and their responses differed. To address internal validity concerns, an audit trail was used to authenticate the study findings. The data gathering and decision-making processes were described in detail and the way categories were formed were explained. This was accomplished through the use of a journal in which I recorded my observations and reflections throughout the research process. External validity involves the issue of generalizing the study results (Yin, 2014).

Credibility

According to Merriam (2009) credibility refers to the way that the study findings are congruent with reality and can reflect the actual experiences of the study participants. There are ways to increase credibility of the study findings. To increase credibility, triangulation can be used. Triangulation uses different sources of data that compare and cross check (Merriam, 2009). In this study, the cases can be compared to each other. Another approach that can be used is member check. Merriam (2009) states that this method requires that the researcher solicit feedback of the findings from people being interviewed. In this study, therapists were interviewed and their responses differed. Other ways to address credibility concerns, is by using an audit trail to authenticate the study findings. The data gathering and decision-making processes were described in detail and the way categories were formed will be explained. This was accomplished through the

use of a journal in which I recorded my observations and reflections throughout the research process.

External Validity

External validity involves the issue of generalizing the study results (Yin, 2014). To enhance generalizability, the use of thick description is recommended. This method requires that the researcher provide a rich description of the setting and study findings (Merriam, 2009). Another way to enhance generalizability is by using maximum variation, which means that the study participants should be selected from varied sites (Merriam, 2009). Therefore, to address the external validity concerns, participants were recruited from different clinics so as to strengthen the trustworthiness of the study.

Dependability and Confirmability

Dependability is a similar concept to reliability in quantitative research and refers to the dependability and consistency of the research (Golafshani, 2003). To address the issue of dependability, the audit trail was also used. Confirmability is similar to objectivity in quantitative research and refers to ensuring that the study results are based on the experiences of the study participants rather than the preferences of the researcher (Shenton, 2004). The issue of confirmability was addressed by having all the study participants respond to the same questions and by reviewing all responses after they have been transcribed. Also, I reflected on and reviewed any personal biases to control for any reactions or responses that might impact the participants' responses. This was accomplished through the use of bracketing, that involved monitoring my misconceptions

and discussing potential bias and misconceptions with my committee members (Tufford, 2010).

Ethical Procedures

Ethical and legal considerations were addressed to ensure that professional and ethical behavior was adhered to throughout the research process to protect the study participants from harm. These included that the participants should understand the informed consent process and their right to privacy. The participant recruitment and data collection did not start until I received IRB approval for this study from Walden University. IRB document permission number is 04-21-16-0288824.

Before the start of the interview, I gave the participants the informed consent form. After the participants had signed the forms and returned them to the researcher, they were scanned and were kept in a secure computer system protected by a password for a period of seven years. After that time, the data will be deleted. Additionally, a paper copy will be kept in a secure filing cabinet locked with a key. This paper copy will also be destroyed after a period of seven years.

I assured the participants that they were protected from harm, reminded them that their participation in the study was voluntary, and reiterated that their identities would not be revealed (Yin, 2014). The participants were all licensed master or doctoral-level therapists currently working or with past experience working with low-income clients. I made sure that none of the participants had any working relationship with me. I used a recruitment process of networking and snowballing sampling approaches.

The interviews were conducted at a site chosen by the participants. The site could be the office or home of the participants, or my office could be used for the interview. Another important concern is to avoid the use of deception with any of the study participants (Yin, 2014). This concern was addressed by ensuring that the study participants were aware of the intended purpose and use of this study (Schram, 2006; Yin, 2014). I followed the informed consent practices and ensured that all participants understood any risks associated with the study and the interview procedures (Yin, 2014). The informed consent procedures included information about the individual conducting the research and the institution providing the IRB approval. The informed consent form clearly stated that participation in the study was voluntary, that there was little risk associated with participation, and that there were no financial benefits for participating in the study.

The study participants have the right to expect privacy and the researcher is expected to properly conceal the identity of the participants (Yin, 2014). I reminded the participants that they had the right to withdraw from the study at any point without repercussions. I kept all personal information secure and did not share the data with anyone not involved with the study. Additionally, I assigned all participants a numerical code to further protect their identity. Research integrity is of the utmost importance, especially with qualitative research, due to the flexibility of the research process (Yin, 2011). Therefore, only truthful statements were presented to ensure that honesty is maintained (Yin, 2011).

The study participants are expected to be willing volunteers that want to share their experiences and perceptions of the research issue. The procedures to secure the information include secured settings in locked filing cabinets and/or in an electronic file protected by a password for a period of seven years. The data will be deleted from the computer after seven years. The paper copy will be disposed through the use of a shredder.

Summary

The purpose of this chapter was to describe the research method and approaches that would be used to conduct the study. I provided a description of the research design with the study rationale and a comparison of qualitative and quantitative research methods. I provided an explanation for the use of the multiple case approach and the benefits of this approach for the current study. I described my role as the researcher. I explained the manner of participants' selection, including the use of purposeful sampling utilizing the network and snowballing sampling techniques. I explained the way my biases would be addressed and monitored and that the study would be conducted in an ethical manner following the guidelines of the IRB committee at Walden University.

I discussed the sampling process and strategy and the rationale for each of the interview questions. I described the data collection, recruitment procedures, and analysis methods. The issues of internal and external validity, dependability, and confirmability were addressed. Finally, I addressed the ethical procedures for the protection of the study participants and explained potential issues of bias. Chapter four will include an

introduction, setting, demographics, data collection, data analysis, evidence of trustworthiness, results, and summary.

Chapter 4: Results

Introduction

The purpose of this qualitative descriptive case study was to examine how therapists' social class attributions were linked to their experiences with low SES clients in actual clinical settings. The unit of analysis for the study was the individual therapist. The research questions were:

RQ1: How do therapists describe what it means to be poor?

RQ2: How do therapists describe their experiences working with low SES people?

This chapter has an introduction, a description of the setting, participants' demographics, data collection and analysis, evidence of trustworthiness, a description of the study results, and a summary.

Setting

The study participants' were recruited from various clinics in the New York area. These clinics were located within the five boroughs of New York City. The interviews were conducted in different settings. The study participants chose those settings that were most convenient for them. There were no interruptions or external events or conditions that could potentially affect the data collection or the results of the study.

Demographics

Ten therapists were interviewed for this study. There were five master's-level therapists and five doctoral-level therapists study participants. They had varied levels of experience working with low SES clients. The range of experience was from 4 years to

over 30 years. The study participants categorized themselves as high, middle-high, middle, low-middle, or low types of SES backgrounds. The information about the participants is listed in Table 1. The real names of the study participants were changed to maintain anonymity.

Table 1

Demographics of Participants Formatting

	Degree Level	Years works with low SES clients	SES Background
Allen	Masters	20+ years	Low SES
Betty	Masters	4 years	High SES
Candice	Masters	15+ years	Middle SES
Dave	Masters	4 years	Upper-Middle SES
Ed	Masters	5 years	Middle SES
Fred	Doctoral	6 years	Middle-High SES
Gertrude	Doctoral	30+ years	Middle SES
Henny	Doctoral	12 years	Low-Middle SES
Ian	Doctoral	30+ years	Low SES
Jane	Doctoral	11 years	Low-Middle SES

Data Collection

Each of the 10 study participants was asked the same six questions and in the same order (Appendix A). I met with the participants individually in their private offices to conduct one semistructured interview. The study participants were interviewed once and the one-on-one interviews ranged from forty-five minutes to about an hour and 20 minutes. The interviews were recorded using the Sony ICD PX333 digital voice recorder. The data collection process did not differ from the data collection process described in Chapter 3.

The participant recruitment process utilized the network and snowball sampling methods. I contacted individuals in my network to ask about potential study participants and then contacted these people about participation in the study. I screened individuals to make sure they met the inclusion criteria and sent them the consent form. If the person agreed to participate, then I scheduled an appointment for the interview at the participant's office at a time convenient for the study participant. The data collection was conducted using the interview protocol that included six open-ended questions based on the study research questions. The study participants were asked about other potential participants. None of the scheduled participants withdrew from the study. There were no unusual circumstances during the data collection process. Each interview followed the same procedures, with all interviews conducted according to the guiding interview questions, with no significant deviations from the interview topic, and with no significant interruptions.

Data Analysis

The data analysis began with transcribing the digital recordings and comparing the transcribed interviews with the field notes taken during the interviews. The data were coded according to themes and then the data from the different cases studies were compared. In order to conduct an analysis from two or more different case studies, I used the cross-case synthesis technique to help confirm if the case studies were compatible (Yin, 2010). The data analysis was coded according to themes and then triangulated to strengthen the trustworthiness of the study (Yin, 2010).

Ten interviews were transcribed and then analyzed. I arranged the data first according to codes and then constructed categories. According to Merriam (2009), the way to construct categories is by first assigning codes to the data and then looking for any patterns. The 10 interviews were first coded based on the participants' individual responses to the interview questions. Then the codes were grouped according to categories that emerged from the data. The way that a category was constructed was based on the overall ideas presented in the codes. The relationship between RQs, interview questions, and themes is described in Appendix C.

For the first interview question—What does it mean to be poor in America?— the participants discussed categories such as "lack of necessities," "isolation," "instability," "lacking opportunities." The codes for lack of necessities included: living in trailers, lack of food, and needing charity. The codes for isolation included: lonely, system debilitates, and medical problems. The codes for instability included: no savings, living day-to-day, and soup kitchen. The codes for lacking opportunities included: poverty of education, poverty of opportunity, and poor schools.

For the second interview question—What do you think causes poverty?—the participants discussed categories such as "vocational needs," "marginality," and "short term thinking." The codes for vocational needs included: no steady job and government assistance. The codes for marginality included: lack of education, no hope, and lack of resources. The codes for short term thinking included: lack of education, less skills, and day to day.

For the third interview question—What do you think keeps a person in poverty and poor?—the participants discussed categories such as “welfare,” “learned helplessness,” and “no incentives.” The codes for welfare included: disability payments, section 8, and government assistance. The codes for learned helplessness included: lack of access, dependence, and no motivation. The codes for no incentives included: lack of housing, chronic poverty, and lack of resources.

For the fourth interview question—How do you perceive that social class impacts your relationship with the client?—the participants discussed categories such as “lower fees,” “distancing,” and “vacuum of responsibility.” The codes for lower fees included: empathy, fees, and sliding scale. The codes for distancing included: wearing jewelry, vacations, and changing outfits. The codes for vacuum of responsibility included: no show, not valuing therapy, and frustration.

For the fifth interview question—How do you perceive that social class impacts your work as a therapist?—the participants discussed categories such as “instrumental issues,” “empathy,” and “therapy not valued.” The codes for instrumental issues included: childcare, travel difficulties, and understanding. The codes for empathy included: understand, poverty and lack of resources. The codes for therapy not valued included: no co-pay, bias, not cancel session.

For the sixth interview question—What are some experiences of working with poor clients in your practice that characterizes your work with this population?—the participants discussed categories such as “paying for services,” “engage client,” and “resistance.” The codes for paying for services included: need to feel invested and money

is important. The codes for engage client included: start dialogue, can't change client, and resentment. The codes for resistance included: coercion, mandated clients, and lack of trust. All the interview cases were analyzed and the information used to describe the categories. There were no discrepant cases.

Table 2

Themes

Research questions	Themes
Research question 1: How do therapists describe what it means to be poor?	A) Lacking necessities B) Marginality C) Welfare D) Learned helplessness
Research question 2: How do therapists describe their experiences working with low SES people?	A) Perceptions of SES B) Avoiding biases C) Having empathy D) Impact of stress and poverty on client E) Societal concerns

Evidence of Trustworthiness

Credibility refers to the way the study findings are congruent with reality and reflect the study participants' experiences (Merriam, 2009). Credibility was increased through the use of triangulation in which different cases were compared to each other. Another approach I used was a member check, in which therapists with different responses were interviewed. The study participants worked in different clinics and had varying levels of experience working as therapists. Additionally, the participants were from low, middle and upper middle class backgrounds. Additionally, I used an audit trail

that recorded my observations and reflections. During the interviews I recorded any information that I thought might further clarify the recorded interviews. This allowed me to better reflect on the interview in the context of my observations.

I addressed the issues of transferability of the study results and consistency. External validity (transferability) involves transferring the study results (Yin, 2014). To address the issue of external validity, the study participants were recruited from different clinics, and I provided a rich description of the findings. The participants had varying levels of experience working as therapists.

Dependability (reliability) refers to the consistency of the research (Golafshani, 2003). I used an audit trail to address dependability, and I described the specific research steps that I took. First, I contacted therapists whom I knew utilizing the network sampling method. Second, I asked them about potential study participants. Third, I e-mailed these individuals about participation in the study and included in the e-mail an informed consent form. Fourth, after receiving approval by the individual, we scheduled a time for the interview. Fifth, I conducted the interview. Sixth, I asked the person about other potential study participants. Seventh, I e-mailed the individual, and included in the e-mail an informed consent form.

Confirmability (objectivity) refers to ensuring that the study results were based on the experiences of the study participants rather than the preferences of the researcher (Shenton, 2004). This issue was addressed by having all the study participants respond to the same questions and review their transcribed interviews. Also, I used bracketing and

reflected on and reviewed any personal biases. This was done to control for any reactions or responses that might impact the participants' responses.

Results

Research Question 1

The first research question asked was: How do therapists describe what it means to be poor? This research question examines therapists' attribution concerning the issue of poverty. The profession of psychology has characterized poverty as abnormal (Appio et al., 2013); however older therapists and those with practical work experience may have more favorable attitudes of the poor (Landmane & Reņģe, 2010).The participants focused on a number of themes in describing poverty. These included lacking necessities, the connection between poverty and being marginalized, the connection between welfare and poverty, and the issue of learned helplessness. Additional themes included a focus on short-term goals, lacking skills, addiction and mental illness, and lacking hope. Most of the study participants discussed the connection between multiple factors and poverty.

Lacking Necessities. Study participants discussed the impact of poverty on lacking access to necessities such as food, education, a home, and resources. Ed, Henny, and Betty stated that one of the ways that poverty impacts the person is through lack of food and inability to address their immediate needs. Ed stated, "Some people can't put fresh food on the table. "He added, "I always think of Maslow's hierarchy of needs and God forbid if someone was in a concentration camp…they didn't care if they were going to get shot if they didn't eat for three days and there was a potato on the floor. So someone who's poor, you know, God forbid and that's an extreme situation but even a

little better off but if they don't have food or shelter, it's going to be hard for them to dream big of being rich.” Henny stated “There are people who don’t have food on the table.” Betty stated, “if they (her clients that are poor) don’t get food stamps or something happens to the food stamps, they really will just not have food and have to go to soup kitchen.”

Ed, Dave, Fred, Ian, Candice, and Jane stated that poverty could impact the ability to get a quality education. Ed stated poverty means “trouble having access to educational resources.” Fred stated, “limited resources you can’t access…education, enrichment opportunities.” Jane stated, “You have less access to resources…education opportunities.” Ian stated that, “what makes people poor economically?...it’s education, it’s IQ. ”Related to where people live Candice stated that, “Poverty was exemplified by bias and by poverty of education. Those areas had poor schools,” Dave stated“ often…school system…is more dangerous.”

Jane and Henny stated that poverty could impact the ability to have a home. Jane said, “They end up getting homeless because of that or it could be either homelessness could augment or activate a torment preexisting mental condition such as with the diathesis model of stress. The idea that there is a predisposition to develop a mental illness that's activated by environmental effects or factors. It could be that homelessness activated a preexisting condition that may have lied dormant had the person not experienced this kind of stressful environment.” Henny stated that, “Within the orthodox community there are poor, but the community rallies around and… make sure people have homes.”

Fred, Gertrude, and Betty stated that poverty could impact having access to resources. Fred stated, “Sometimes somebody might find themselves mired in a family cycle of poverty from which it’s very hard to break out due to lack of resources.” Gertrude stated, “Lack of resources, lack of contacts, marginality, low mental health problems, like they lead to a level of personality disorders, feeling needy, hopeless, depressed, chronically depressed, or dependent on a system and they cannot break a vicious circle of poverty and lack of ability to see other resources.” Betty stated, “Lack of resources, not knowing who to ask what, when, how, where. Just being so stuck in where, whatever it is that’s caused you to get there.”

Marginality. Fred, Dave, Candice, Ed and Allen discussed the connection between the structure and focus of American society and issue of poverty. Fred stated that, “Relationship between American society and poverty…things like individualism and the need to perhaps compete with the neighbors…maybe that’s more pronounced here than other cultures,” Dave stated that, “The notion of market forces that are out there, the have and have-nots, on one hand you say, oh America the land of opportunities…sometimes people can’t catch a break.” Candice stated that, “We’re a great individualist society, we strive to have what other people have and then have more. I think that social inequalities are based upon our own insecurities and misunderstandings…I think that we’ve done that as a society, we’ve promoted that, we’ve promoted the inequality, we’ve promoted the inequities, the isolation in those kinds of situations.”

Ed stated, “People are always looking for jobs that are lower paying just to put bread on the table as opposed to being able to focus on a career and getting bigger opportunities…you know America is not a communist society it's a capitalistic society so we sort of put everybody in their own corner to fight for themselves.” Allen stated, “America is an economic society…if you don’t have a dollar you’re poor…folks are starting to believe that homelessness and poverty is a natural way of life and that’s very dangerous. That’s extremely dangerous because at the end of the day if we don’t have a strong engaging society then our whole country is going to fall.”

Welfare. Gertrude, Allen, Jane, and Henny discussed the impact of welfare on the individual and the issue of poverty. Gertrude stated, “It starts with what they think about themselves…I noticed a system that debilitates people, starting with the Medicaid system that has Medicaid clinics that promotes injuries. Nowadays it's not so easy to get welfare and housing, but for a long time people were getting housing and a little bit of welfare, and it's enough money to survive and to get other sources of income under the table, then this system of survival and living from one day to another leads to a level of chronic poverty, underclass, then this self-reproduced in some way, because this doesn't give you the incentive to go to school, to improve your skills.” Allen stated that, “You’ve had so many people put in the proximity of being poor. The new deal and welfare that was supposed to be a temporary fix but what happened was it was used to control the populace. It was used to put people in certain communities.” Jane stated that “The question is moving from one bracket to the next, moving from one demographic to the next demographic I think first of all the problem is that if you are in poverty then you

have access to the financial resources like welfare, if you have young kids and food stamps and Section 8 to help you with housing, that you will lose if you earn a dollar over your amount. It's almost like there is less of the social motivation to move forward." Henny provided an example "There was a group of guys playing cards in middle of the day. The wife works, but he doesn't work. He said he's on disability. He couldn't find a job. It pays to be on disability rather than to go get a job because he's doing fine. I think people get into some sort of cycle where it's just easier to stay on government assistance than is to go elsewhere. They need to have a good enough motivation to really pull themselves out."

Learned Helplessness. Henny, Fred, and Jane discussed the connection between learned helplessness and poverty. Henny stated, "There are people that don't have the skills, or people have learned helplessness," Fred stated that clients, "Adopt kind of like an attitude where no matter how hard we fight, you can't really get anywhere…learned helplessness kind of thing going on." Jane stated, "I think there could be that learned helplessness piece of well, this is what I got to do and there is nothing I can do to change that. My father was poor and his father was poor before me so there is really nothing that I can do. I'm just focused on making it through the day. There is that piece. There is also the piece that even if I know what I need to do to get out of it I just can't because all my time is spend making it day to day."

Additional themes. In addition to the four main themes discussed, additional themes discussed by the participants were a focus on short-term goals, lacking skills, addiction and mental illness, and lacking hope. Jane and Candice discussed the

connection between short-term goals and poverty. Jane stated, “Short term goals are going to be factored into your daily decisions rather than long term goals.” Candice stated that, “It’s really hard for people to move beyond those when they’re maybe in a situation of fight or flight, when you’re in survival mode.” Dave and Jane discussed the impact of lacking skills on the issue of poverty. Dave stated that “They don’t have any skill and without any skills you can’t get access to higher paying jobs.” Jane stated that, “There could be less skill. In other words you don't have the skill to move forward whether that's a specific skill set in an area like mechanics or it could be that you don't have the skill set to sit and study because you don't value it as much.” Betty and Ian discussed the connection between drug use and mental illness and the issue of poverty. Betty stated that, “Depression could do that to you, right. Can’t get out of bed so I don’t have who to speak to so I don’t…it’s very hard for them to, even in that depression, or an addiction, right. Every last ounce of money gets spent for whatever poison they’ve picked, right?” Ian stated, “Certainly people stay poor if there’s substance abuse.” Ian and Gertrude discussed the connection between lack of hope and poverty. Ian stated, “If you have some hope for yourself and you have some hope for the future, then you’ll do something.” Gertrude stated, “From the moment that the person doesn't feel they can progress in life, or doesn't have a perspective and a way of reaching some goal to be independent and to be hopeful, then falls into a system of how can I survive?

Research Question 2

The second research question asked: How do therapists describe their experiences working with low SES people? This research question examines the attributions of

therapists about working with clients from a low SES status. Attributions can influence the perceptions of therapists' and the therapeutic process (Dogall & Schwartz, 2011). The TPB suggests that the person's beliefs and casual attributions influence their interactions with others (Bullock, 1999; Cozzarelli et al., 2001; Tagler & Cozzarelli, 2013).The participants focused on a number of themes in describing their experiences working with clients from a low SES background. These included perceptions of SES, avoiding biases, having empathy, impact of client stress and poverty, societal concerns, and client cases. Additional themes discussed by the participants were: being marginalized, therapy not valued, perception of self, impact of client education level, work ethic, engaging the client, and unpleasant work environment.

Perceptions of SES. Betty, Ian, Gertrude, Candice, Fred, and Jane discussed the way that they perceive SES differences, or lack of, between them and their clients and the possible impact on therapy. Betty stated, "I grapple with this a lot because I like to wear my jewelry. Let's say this is a gift from my husband. We married off a daughter, right? I feel sometimes very uncomfortable wearing it to work because the person sitting across from me doesn't have…if I take everything down and become like them, it's also like a disrespectful thing. They pick up on it and they'll know."

Ian, Gertrude, and Jane discussed their own SES backgrounds. Ian stated, "Because I consider myself low class, I don't have much trouble that way…I didn't go to Harvard. I get along…I think I run into a couple of people who have 170 IQ and they're just bored with whatever you say…I think it's been helpful. I'm the only one in my family that has a doctorate, but there are some members of the family who are certainly

smarter than I am but I got the credentials…I went to Brooklyn Tech…from there I went to Brooklyn Polytech for a year. I dropped out. I was 19 or whatever. I went back to school. I was just about 30. It was different. I was in the streets figuratively." Gertrude stated, "I come from a middle class family, where essentially my parents lived on salary. They were working people. When I came here I was quite poor. I mean, counting pennies. I always lived on my own work. I was not wealthy, so I can understand the feelings of insecurity that comes with lack of resources." Jane stated, "I think it affects me in the way that I mentioned before but not of my judgment of them. I don't think I evaluate them any differently. Like I mentioned to you, I didn't grow up in very rich family. We did not own our own home; money was always a stressor so I understand that piece."

Candice and Fred had opposing viewpoints on the impact of SES on the therapeutic process. Candice stated, "there's assumption of who I am, because if you're in this chair and they call you doctor then you must be ... but that also comes from who they are in some cultures, it's a different approach, but there's always an assumption of social class…It impacts it significantly because it impacts some of the ability to do my work, or what I perceive my work is. At any given time, we walk in with these pre-conceived notions of what somebody should be achieving, so we're always being challenged by having to reflect back and go okay, maybe we're projecting on what should be achieved…sometimes my role is as advocate and not as therapist, and we know that as counselors our roles are so diverse that way that sometimes I do have to be an advocate with them, not necessarily for them, but with them." Conversely, Fred said that he does

not focus on the issue of SES. Fred stated, “Maybe it’s me being naïve to this but I tend not to focus so much on it…I have clients who because of issues with child care will bring their children to my office…I have a waiting room with some magazines and some toys. Usually it’s a good way to increase access to care…I also tend to be more lenient probably than some other therapists I’ve interacted with missed appointments and cancellations.”

Avoiding biases. Dave, Fred, and Henny stated that they try to avoid having biases against their clients. Dave stated, “A person on one hand needs to be able to enter into their client’s world and not bring all of their bias, but to listen...listen how they describe their world, how they perceive their world.” Fred said, “I try to evaluate my own biases and opportunities and not take it for granted that my clients were afforded the same opportunities.” Henny stated, “I don’t think that I’m biased against it. On the contrary, I’ve lowered my fee a lot to help them just because I want to know that they’re having a healthy relationship so they can move forward.”

Having empathy. Henny, Jane, and Dave discussed the way they dealt with the issue of empathy for clients. Henny stated, “I think that I’ve always tried to be a bit more empathetic and objective when I’m working with clients…I find organizations that will help them pay for, let’s say sessions or to help them with other things. I’ll do a lot of the footwork and help them. Part of it is, I have to remind myself that I need to enable them, so I’ll tell them what’s available.” Dave stated that when he started to work in the field of counseling he would want to say to his client, “Hey just get a job. What’s with you? Then on the other hand understanding that, well part of the reason he can’t get a job, that’s why

we're here." Conversely, Jane stated, "If my patient isn't showing up and then shows up three, four, five sessions later often with requests of his or her own, like can you write me a letter to try to get me out of jury duty or could you write me a letter saying that I need my SSI benefits. Or whatever the case is. Or even if there were no requests but they showed up because they have the latest crisis of the week, I felt as a psychologist it was very difficult for me to have that same level of empathy for them because they put me in a financially difficult position."

Impact of client stress and poverty. Candice, Gertrude, Dave, and Henny discussed the impact of stress and poverty on their relationship with their clients. Candice stated, "Any of the systems that help the poor are just fraught with bureaucracy that almost makes it an ongoing…puts them even more at a disadvantage, it's just an ongoing trauma and stressor, just trying to deal with it, so I've dealt a lot within those communities when I've worked with them, and they find that their approach to me…they're not always looking at me based upon that because they're really based, they're in survival mode, so who I am is not as important." Gertrude stated, "When you work with minority people that they are in a situation that in itself is stressful and related to survival, impacts a lot, because there is a basic situation of how can I transform myself to be done a system that I cannot do anything, and I'll be unsuccessful, and I'll be marginal." Dave stated, "That was the challenge itself is they had no money and part of the problem is that they don't have a job. Lack of opportunity or lack of education…or lack of a desire for a job sometimes. Feeling of self-worth is very much connected to the fact that they didn't have a job and didn't have any money. The first call will be the

negotiation of the terms of how much they can afford for the services." Henny stated, "Before I could work on starting any therapy in terms of their mental health, would be to try to help them get access to these basic needs, because without basic needs you're not getting them further. I would give them references for contracting organizations."

Societal concerns. Allen, Gertrude, and Jane discussed societal issues in working with low SES clients. Allen said, "I said to the group one day when we were talking about shaping, and I said look at the projects. I said these young people in the projects all they see is drug dealers, drug abuse, incest, domestic violence, high school drop-out rate so high and this is all they're exposed to so that is all they know…we teach people to be poor. We teach people to be criminals." Gertrude described working with the foster care system, "I work a lot in foster care. I can see people that lost their parental rights, and how hard it is for them to regain the custody of their children, and how they need to deal, how they feel that the system is totally against them and they resent, and this creates underscored feelings of marginality and resentment. Always I try to help them understand the situation and reframe it, and see how they can take another perspective for themselves and for the system, because just being placed in a situation where there is only way of seeing and this way is totally negative for them is not helpful. I cannot change their situation. They are the only ones that can change themselves and their situation." Jane stated "I think that what I found with the population you are talking about is that when…this is true with I think I've seen it my practice as well, is that coercion doesn't generally render itself particularly well to treatment efficacy and change. If you are being coerced into treatment by a court order, by ACS, Administration for Children's Services,

you might show up because you are afraid but I'm not going back to prison or I'm not going back to juve. I want my kids back. Whatever, but I don't know if there is going to be much gain and change because you have to overcome the resistance of change first."

Describing client cases. The study participants discussed some of their cases in which they worked with clients from a lower SES background. Some of the participants discussed examples of cases that were successes or inspiring to them, others discussed difficulties coping with clients, and yet others discussed cases that typified the issue of low SES and poverty. Ed discussed a case that inspired him, "The difficulties facing the clients we see who are really poor, difficulty paying the rent or putting bread on the table…He had to be hospitalized and was able to get back on his feet and use internal sources to keep going because he knew he had to help his mom and his siblings…was an inspiration to me personally…a lot of work, more work than with some other clients, more hand shaking and maybe a pat on the back, more than I would show someone necessarily from a stronger background." Betty discussed a success story, "Teenager that comes in that's been kicked out of school, doesn't have anyone, anything. Parents don't want to know her, threw her suitcase out of the window…like out. You're not wanted then became stable. Starting undergraduate school, has a job part-time, is dorming, has it together, not using drugs, not cutting with a metal hanger anymore. Yeah, I've seen that happen. Those are the stories that I hang onto because otherwise it gets really hard."

Ian discussed two examples of successful cases. The first case, "She had a somatic delusion that she smelled like feces, like shit, to the point where she went to doctors and she did this and bathed and she made a suicide attempt because she couldn't

get away from it. I started working with her, and being a family therapist I asked about her background. She said she was going out with this guy who for all the time he was with her, he treated her badly. I don't know if he hit her or had affairs, insulting, offensive, whatever. I said "oh, for six years he treated you like shit." She said "yes." I said, "Now you think you smell of shit?" That connected with her." The second case, "He did 40 years total in prison and I start to see him. Let me see, is it going to be here? We're talking one day and I say, "what do you do all day?" he said, "well, I sew" I said, "What do you mean you sew? What do you sew? He showed me flaps on his pants and whatever. I said, "look, why don't you get cloths, cut out different colors, whatever you feel like, cut out different shapes, whatever comes to you and put them together any way you want? This is what came out. He was in an art show in upstate New York."

Dave, Betty, and Candice discussed examples of difficulties that they encounter working with their clients. Dave stated, "One client sat there and was telling me for hours about different business plans…he couldn't afford the $10 copay for the clinic." Betty stated, "I'm working now with a client that's very, very…suffering from a lot of…there's multiple stuff going on but she just had a baby. The baby's 2 weeks old and she has a 2 year old toddler. She can't afford childcare, it's either come to the therapist with both the 2 week old baby and the 2 year old or I don't come to therapy and she's self-harming, (and) she's cutting. This impacts me big time because I'm sitting there and I have this baby that screeching, that she's breastfeeding in the middle of session. I have the 2 year old crying because mommy's crying and because the baby's crying…for me when she left, massive migraine. This is a classic case that happens all the time with me. In the

clinic, all the time, either they show up late because the bus didn't work and they had to switch buses or it's the husband didn't…whatever it is, didn't show up because he had to stay because he's working too." Candice described her experience working in some dangerous areas, "It was predominantly black and Latino area, there was a high gang ratio, there was a lot of drugs, a lot of prostitution in the area, and the mother that had lost her children had lost them because of addiction to crack. I would have to take the kids, me, lily-white me would take these adorable two little African-American children in the agency car into the middle of this area, would have to go in, make sure her home was safe, and let her have her home visit for 2 to 3 hours, and I would have to sit around and wait. I'd kind of meander on the streets, or be out there doing case notes or whatever."

Dave, Fred, and Henny discussed cases that exemplified the issues of SES and poverty. Dave discussed two cases, the first case he provided couples counseling, "The client said, My mother always dressed me in mismatched clothing and I always got made fun of for it, and that's not going to happen to my kid…not to be able to take care of your kids made such an impact in him, it was causing such strife in the house." In the second case, "The client would pay me from a charity fund . . . every third week when they would disperse the checks…go to different synagogues in the area and ask different people for money. That's a totally different experience than mine."

Fred discussed two of his cases. In the first case, "Due to financial constraints, (client) was living with family, a very dysfunctional family environment. She was an adult child of this family with two children of her own, one adolescent, one in middle school and trying to raise her own children while also being parented in a very toxic

dysfunctional family environment, was a major, major stressor…she actually ended up moving but it took a lot of work to help her gain confidence to take that plunge and everything." Fred discussed a second case, "I had somebody in one of those poor urban environments living in projects and a lot of gang violence in their surroundings, who would describe her own OCD with like checking and organizing things in her closet being so disproportionate to what was going on in her surroundings. I mean like literally bullets whizzing by her ear at times…we were kind of talking about how the OCD could be some form of finding some structure to an unstructured chaotic environment."

Henny discussed one of her cases, "I'm working with someone now. The person who referred it wants to try to help subsidize my fee. I've lowered my fee so that even the person who's subsidizing doesn't have to reach the full amount. I'm obviously taking a cut, and we're all kind of doing this as a charity thing, but you still make the person pay so that they feel invested in the therapy. Otherwise, I think, if they get it for free, they don't feel as invested. She's very thankful and she's very interested in getting the help she needs, because she realizes she's in serious postpartum depression. I can tell you that she didn't seek help until she was nine months in postpartum depression, and it's been hurting her relationship with her husband, which was a very strong relationship early on. I think part of the delay in getting the help was the fear of how they're going to pay for it and how they're going to deal with it."

Additional themes. There were additional themes discussed by the participants that were not part of the major theme. These were being marginalized, therapy not valued, perception of self, impact of client education level, work ethic, engaging the

client, and having an unpleasant work environment. Gertrude, Jane, and Allen discussed the issue of marginalization, treatment compliance, and therapist self-perception. Gertrude discussed the impact of being marginalized on her clients. Gertrude stated, “to be able to think what can I do to survive and to be a participant in society? Even to be a participant in society because I go to the movies. I can go to a movie and talk about the movie. I can go to a show, or do something that relates you to the mainstream and takes you out of this system of marginality.” Jane discussed her frustrations about dealing with clients that are not compliant with her treatment. Jane stated, “I think one of the things that I had to struggle, that I struggled with to some degree when I was at the clinic and I could compare it to right now in private practice is that because you are poor and because you are Medicaid and because OMH does not allow you to penalize clients for not showing up to therapy because their concern would be a deterrent against going, you have an issue of no show rates. Part of the reason for that I think is because if you are not paying for it you are not valuing it.” Allen discussed the way that his self-perception influences his work with clients. Allen stated, “African American males are viewed to be dangerous…Race plays a big part in how I am treated on a regular basis, how people view me at my practice, how people view me on the street…my race really impacts how I engage people and I always…I don’t consider myself to be smarter than anybody but I do think more than people around me.”

Jane and Ed discussed the importance of the client’s education and issue of hard work. Jane discussed the impact of the client’s education, “I think education though, I think some approaches will tell you same thing, is that when you are dealing with…

when you are working with clients that are less educated then you in a way you don't have to…this isn't necessarily for you, but you don't put as much pressure on yourself. Because the assumption is well, they don't…you don't have to sort of perform as much." Ed discussed the importance of hard work and discussed his background. Ed stated, "Doing what they needed just to live week to week. No excuse to say, oh, I can't do this; I'm stuck where I am. Hustle and try to pick yourself up, slowly but surely, as much as possible in your situation." Ed stated that he does not want to, "Let people off the hook entirely because if there's a will then there might be a way…People be less stuck in their own system and try to get a broader vision of where they could be."

Fred and Betty discuss the importance of engaging the client and coping with hygiene issues. Fred, discussed the importance of engaging the client, "Just the very basic skills of being present and reflecting and hearing where someone's at is really powerful, regardless of any differences that there might be." Jane added that the issue of client resistance has a huge part in their willingness to change, "I'm just doing this for the organization. I don't think I need to…I'm not buying into this. This is a waste. I don't know who you are, you don't know who I am. You can't even establish rapport because they don't trust you. They've decided not to trust you. They've also decided that…it's sort of like when someone is trying to control you, you end up escalating in a way. You don't necessarily…most people don't respond very well to feeling like you are being controlled. If they are mandated to show up to treatment they will probably show up but it's problem because it's all that much more difficult to generate treatment." Betty talked some of the issues her experiences with her clients, "Clients that don't shower even.

That's how severe it gets and sitting with a body odor in the room that you just literally can't breathe, right? It's a clinic. This is what we expect or walking into the clinic and the smell of urine because somebody just peed…just today there was a tissue in the hallway outside my room that had blood on it from someone's nose, a nose bleed…It's the population that we're working with that we expect this type screaming, shouting, yelling, noise, just not…it's the intensity of the work. I love it but it's also something that's frightening. It's sometimes is like a safety issue."

Summary

In this chapter I described the setting for the interviews, the participants' demographics, data collection and analysis, evidence of trustworthiness, and the study results. The findings were supported by the therapists interview responses. The codes and the categories for each area were identified and described. The participants' responses for the first research question were mixed. Some of the participants focused on the way that poverty results in lacking access to necessities such as food, education, a home, and other resources. Other participants focused on the connection between poverty and being marginalized and being on welfare, and the issue of learned helplessness. Additional issues raised by the participants were the focus on short-term goals, lacking skills, addiction and mental illness, and lacking hope.

The participants' responses for the second research question were also mixed. Some of the participants discussed their perceptions of the issue of SES, the importance of avoiding biases and having empathy for their client, the impact of client stress and poverty, and societal concerns. Most of the participants provided examples from their

caseload. Additional issues that were raised by the participants were the impact of being marginalized, that the therapy was not valued by their clients, their perception of self, the impact of client education level and work ethic, the importance of engaging the client, and working in an unpleasant work environment. In chapter 5 I will provide an introduction, interpretation of the findings, discuss the limitations of the study, provide recommendation, discuss implications, and summary.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

A multiple case research design and purposeful sampling were utilized to conduct face-to-face, semistructured interviews with 10 participants who responded to the recruitment requests and met the inclusion criteria. Participants consisted of therapists with a minimum of three years of experience. Based on the two research questions and the six interview questions, eight themes emerged in regard to these questions. The themes were: (a) lacking necessities, (b) connection between poverty and being marginalized, (c) connection between welfare and poverty, (d) learned helplessness, (e) perceptions of SES, (f) avoiding biases, (g) impact of stress and poverty on client, and (h) societal concerns.

The purpose of this qualitative descriptive case study was to examine the links between therapists' social class attributions and their experiences with low SES clients in actual clinical settings. The unit of analysis for this study was the individual therapist. The data was collected from five master and five doctoral-level licensed mental health professionals. The study used an interview protocol I developed with open-ended interview questions to collect data from the study participants. The data were analyzed after the digital recordings were transcribed. The data were coded according to themes and the data from the different cases studies were compared.

The topic was chosen due to a gap in the literature regarding a lack of research on the difference in social class between the therapist and client (Balmforth, 2009) and the therapist's reactions regarding the client's SES (Dougall & Schartz, 2011; Smith et al.,

2011). The study used the theory of attribution (Heider, 1958) to examine the therapists' social class attributions in clinical practice (Thompson et al., 2014). According to attribution theory, people try to predict and control their environments by understanding the causes of behaviors (Haider-Markel & Joslyn, 2008). In Chapter 5 I present an interpretation of the findings, discuss study limitations, and provide recommendations for further research, implications for social change, and a summary.

The participants expressed their attributions about the issue of poverty and the ways that this issue could be linked to their work with clients from a low SES background. The therapists explained the ways that they think the issue of poverty is linked to lacking access to basic necessities, the connection between poverty and welfare and being marginalized in society, and engaging in learned helplessness. Other issues discussed by the participants included the connection between the issue of poverty and a focus on short-term goals, lacking skills, addiction and mental illness, and lacking hope.

The therapists articulated the ways that attributions about poverty were connected to their work with clients from a lower SES background. The participants discussed their perceptions of SES, the importance of avoiding biases, having empathy for the client, and the impact of the client stress and poverty on the counseling process, societal concerns, and providing examples from their cases. Other issues stated by the participants were being marginalized, therapy not valued by the client, their perception of their role in therapy, the impact of client education level and work ethic, the importance of engaging with the client, and working in an unpleasant environment.

Interpretation of the Findings

The study findings were categorized according to the identified themes from the participants' interviews. The themes were then aligned to the research questions and also organized within the general patterns that emerged. These themes included the participants' attributions towards the issue of poverty and working with clients from a lower SES background. The study aligned with findings from available research and extended current knowledge about therapists' attributions.

Comparison of Study Data to Literature Review

The study confirmed findings by Balmforth (2009) and Smith et al., (2013) that therapists who work with people from a lower SES feel both challenged and rewarded, that the perception of poverty differs among mental health providers, and that people living in poverty face obstacles that can impact treatment. Study findings from Goodman et al. (2010) and Santiago et al. (2013) confirmed that therapists understand that they need to be more flexible in treating clients from SES backgrounds. The findings concurred that some therapists might not understand the impact of poverty on clients (Dass-Brailsford, 2012; Vontress, 2011) and have negative stereotypes (Kim & Cardemil, 2012). This study did not disconfirm any other study findings.

The study extended current knowledge by showing that therapists differed in the attributions (dispositional or situational) that they assigned to the issue of poverty and being poor. In the Landmane and Reņģe (2010) study, social workers had dispositional attitudes towards the poor. Other studies (Dougall & Schwartz, 2011; Thompsons et al., 2014) utilized videos to examine the perceptions of therapists; this study used real life

clinical cases. The study extended the current knowledge (Balmforth, 2009; Dass-Brailsford, 2012; Goodman et al., 2010; Kim & Cardemil, 2012; Santiago et al., 2013; Smith et al., 2013; Vontress, 2011) about the impact of therapists' social class on their perception of clients. The participants from a lower SES background were more empathetic to their clients, whereas therapists from a middle or high SES had more difficulties in understanding their clients concerns.

Unlike the McDowell et al. (2013) study, the participants in this study were from different ethnicities, and their SES was identified. Unlike the data from the studies by Kim and Cardemil (2012) and Vontress (2011), the use of psychotherapy was acceptable for individuals from a lower SES background; however, the data from my study confirmed the data that external social stressors should be taken into consideration in providing treatment to poor and low-income clients. The study results also confirmed that social stressors could have a negative impact on the individual's health and mental welfare (Gamarel et al., 2012; Lott, & Bullock, 2010).

Analysis and Interpretation of Findings

The study findings were interpreted based on the theory of attribution that is based on the work of Heider (1958). According to the theory, people will make casual attributions about others in order to maintain an uncomplicated understanding of people or groups (Heider, 1958). According to Heider, people seek to have a simple one-dimensional understanding of other people. The study explored attributions about poverty and working with clients from a low SES background. Heider stated that if a person is considered to perform a good behavior, then that person can be perceived as a good

person; therefore society's weak members can be viewed as responsible for their situation because they performed or did not perform some function that resulted in their current situation.

Attributions about poverty. The goal of the theory of attribution is to study the way that people perceive and evaluate behaviors (Heider, 1958). A person who performs a good behavior can be perceived as a good person, and people who are poor can be viewed as responsible for their situation because they performed or did not perform some function that resulted in their current situation (Heider). Therefore, according to Heider, people will make casual attributions about others in order to maintain an uncomplicated understanding of people or groups. Therapists need to understand that poverty results in daily survival stressors including the need to find food and shelter, receive proper health care, and address their children's needs (Ali & Lees, 2013; Goodman et al., 2010). The study participants discussed the impact of poverty on lacking basic necessities. Participants also addressed concerns about clients being marginalized and having social class attributions.

Lacking necessities. All the study participants acknowledged the impact of poverty on lacking necessities that included food, education, housing, and resources. They stated that lacking necessities impacted their clients. Ed related the client's immediate needs to Maslow's hierarchy of needs, because clients could not consider larger issues before addressing the needs for food and shelter. Henny and Betty said that there were people who did not have food and had to rely on food stamps or food banks. Poverty was connected by six participants to lack of a quality education and to schools in

dangerous areas. This was then related to bias and having less access to resources. Jane discussed the idea of the diathesis model of stress that states there is a predisposition to develop a mental illness that is activated by environmental effects or factors and then results in homelessness. Fred, Gertrude, and Betty discussed the way poverty could decrease resources, reduce contacts, and lead to a sense of hopelessness and despair. Some of the participants felt that not having access to necessities was connected to being marginalized by society.

Being marginalized. The field of psychology has normalized middle class values while at the same time marginalizing poor people (Appio et al., 2013). This phenomenon can be seen in the general public's characterizing people who are poor as lazy, irresponsible, and amoral (Smith, Allen, & Bowen, 2010). Fred, Dave, Candice, Ed and Allen discussed the issue of marginality. They discussed the way American society focuses on individualism and the notion of opportunity, the need to compete, and resulting inequality. Allen added that homelessness and poverty are becoming more accepted and that can be dangerous for American society. This connected to an increased need for welfare and government interventions and its impact on the poor and possible upward mobility.

Social class attributions. The participants made social attributions based on their understanding of the issue of poverty and their clients. Gertrude, Allen, Jane, and Henny stated that the welfare system provided their clients with their daily needs without incentives to improve their lives, and this led to chronic poverty. Fred, Henny, and Jane said that people from a lower SES background have a learned helplessness, adopting an

attitude that trying to accomplish anything is useless because they do not believe they can achieve their goals.

Ian and Gertrude said that if people have no hope for the future then they might just focus on their survival. According to Jane and Candice, clients would focus only on short-term goals. These clients would not learn new skills so they could improve their lives. According to Betty and Ian, coping with poverty can then lead to drug and alcohol abuse.

Therapist's attributions of low SES clients. Social cognitive attributions may impact the way therapists perceive their clients and the way that therapists understand and ascribe meaning to a low SES client's presenting problems (Dougall & Schwartz, 2011; Thompson et al., 2014). Therapists may make attributions based on their client's social class, relating their clients' lower SES to personal deficits (Goodman, Pugach, Skolnik, & Smith, 2013; Lott, 2012). The participants discussed the way that their perceptions influenced their work with their clients who were from a lower SES, the issues of bias and lack of empathy, and their appreciation of clients' daily struggles. Other issues discussed were the impact of social class attribution on perception of clients, coping with clients, and issues impacting clients, along with difficulties of working with clients.

Influence of perceptions of low SES clients. Attributions can influence the perceptions of therapists' and the therapeutic process (Dougall & Schwartz, 2011). The participants discussed the way that their perception of the issue of social class influenced their work with their clients. Betty stated that she grew up in an upper class home and

feels uncomfortable wearing jewelry while working in her clinic. Ian, Gertrude, and Jane stated that they understand the feelings of insecurity of people from a low SES background due to their own backgrounds and struggles. The therapist's SES could impact their perception of working with clients from a lower SES background. Candice, from a middle class background, stated that she understands that the issue of SES impacts her relationship with clients because there are preconceived notions of what a person should do and achieve. However, Fred, from middle to high social class background, stated that he does focus on the issue of SES because he feels he addresses the needs of his clients.

Bias and lack of empathy. Social class attributions can lead to therapist bias and lacking or having empathy. Henny stated that she addressed the issue of client bias and empathy by lowering her fees or trying to find organizations to pay for her services. Henny perceived these issues as related only to monetary concerns. Jane also related the issue of empathy to monetary issues but stated that due to client session no-show rates, she found it difficult to have empathy. Dave and Fred stated that they try to address their biases by listening to their clients and understanding that the clients were not afforded the same opportunities as they had.

Daily struggles. The clients' daily struggles and resulting stress impacted their relationship with their therapists. Candice, Gertrude, and Henny discussed the stress of continuously needing to cope with bureaucracy, needing to survive, and not having access to resources to fulfill basic needs. Dave focused on the stress of not having money and the resulting low feeling of self-worth. Clients have to cope daily with social issues

including living in high-risk neighborhoods and coping with government and enforcement agencies. Allen discussed the way that living in neighborhoods with high crime, domestic abuse, and high school dropout rates teaches a person to be poor and a criminal. Gertrude and Jane focused on the impact of losing and then fighting to regain parental rights and the resulting feeling of resentment about mandated treatment. Together these create an environment of stress, resentment, and frustration that can impact the therapeutic alliance and treatment effectiveness.

Impact of social class attribution on perception of clients. The participants' social class attribution impacted the way they perceived their work with their clients. The participants were asked to describe cases that typified their work with SES clients. The participants either focused on their clients' concerns or on the difficulties coping with clients from a low SES background. Ed, Betty, and Fred focused on the ability of some of their clients to cope with environmental and situational stressors. Ian discussed cases in which his clients were able to improve their lives after coping with domestic abuse and long periods of incarceration.

Coping with clients. Some of the participants focused on the difficulties of coping with their clients. Betty also discussed how difficult it was for her to cope with some of her clients who might be late to sessions or arrive to a session with a baby because they had no daycare. Dave described the way his clients had grandiose plans while not being able to pay the co-pay at the clinic or would use a charity fund to pay for his services. Henny also focused on the issue of money and how she would need to

subsidize her clients. Candice discussed the impact of working in dangerous neighborhoods.

Issues impacting clients and difficulties working with clients. The participants raised other issues that were divided into issues impacting their clients and difficulties they encountered working with clients. Gertrude raised issue of her clients being marginalized, Allen discussed the impact of race on clients, and Fred discussed the importance of engaging his clients. Other participants focused on the impact of working with clients from a lower SES background. Jane discussed her frustrations at her clients that were not compliant with treatment and could not be charged a fee due to the Medicaid restrictions, that the expectations from the therapist were lower because the clients were not educated, and difficulties engaging her clients. Ed felt that his clients should put effort into improving their lives. Betty described an unpleasant and unsanitary work environment.

Limitations of the Study

The study had two limitations. First, there were only ten participants and therefore transferability might be a concern. This limitation addresses the inclusion and exclusion criteria for the study participants. The study sample included a small sample of 10 therapists and did not include the majority of therapists in the NYC area. The study represented only therapists who work with clients from a lower SES background in community clinics. This sample might not represent the way that the excluded therapists experience their work with clients. Therefore the study is limited by the small sample size and perspective of the therapists interviewed for the study.

Second, the study was based solely on my interviews and observations as the sole researcher in the study. This limitation addresses the issue of bias due to being the sole researcher in the study. This issue was addressed by using bracketing bias and epoche. Bracketing bias refers to addressing problems related to misconceptions that might impact the research process (Tufford, 2010). Epoche is the process by which the researcher removes or become aware of prejudices and viewpoints about the subject under investigation (Merriam, 2009). My potential bias could come from my experience working with clients from a lower SES background.

Recommendations

Based on the literature review, further research needs to be based on actual clinical interactions with clients and to examine the reasons for cognitive attitudes towards people that are from a lower SES background (Dougall & Schwartz, 2011; Smith et al., 2011; and Thompson et al., 2014). Research should include more than a convenience sample for the study participants (Gamarel et al., 2012; Weiss-Gal et al, 2009). Research could examine the impact of multicultural training and programs on attributes of poverty on therapists (Toporek& Pope-Davis, 2005). Research should also examine types of attributions made by therapists (Williams et al., 2013), the impact of the belief that any person can earn a higher degree and attain a high paying job (King, 2012; Lott, 2012; McDowell et al., 2013), and the impact of political views on attitudes of poverty (Bobbio et al., 2010; Bullock et al., 2011).

Future studies could investigate the difference in attributions between therapists from a low or middle class and those therapists from a high social class concerning the

issue of poverty and working with clients from a low SES background. There were not sufficient therapists from a high social class background to investigate this issue thoroughly. The second recommendation is to explore the ways that therapists perceive their difficulties in working with their clients from a lower SES background. Some therapists focused on the impact of poverty on clients' difficulties, whereas others focused on their own difficulties interacting with their clients.

Implications for Positive Social Change

Based on the findings, this study has implications for positive social change in two areas. The first implication is that the study can result in greater awareness of the impact of poverty on clients, and this can be incorporated into training of students and therapists. This is a potential impact at the individual and organizational levels. The impact on the individual level concerns possible changes in service delivery for clients.

For example, the therapist would take into consideration that clients might not be able to adhere to a regimented treatment schedule and allow treatments to be scheduled with flexible hours. The clients' families would benefit from this arrangement because this would allow the client to receive treatment and possibly reduce burden on families. Concerning the organizational level, the potential impact would be in the way that organizations providing services to people from a lower SES might better address the needs of their clients. This would mean that the organization takes into consideration the client's needs in terms of flexibility of appointments, and possibly attending to diverse needs of housing, education, and childcare.

The second implication is that the study can result in reduced bias and misconceptions concerning the issue of poverty and working with clients from a lower SES background. This is a potential impact at the individual, family, and societal/policy levels. The impact at the individual level would be that the client-therapist relationship could be improved and be more responsive to the needs of the client. The therapist could address environmental issues impacting the clients and not just symptoms of the disorder. This could impact clients' families because clients would receive more targeted treatment addressing their needs. The other impact would be in possible changes to federal and local policies concerning the care of people from a lower SES background.

The empirical implications of this study showed that therapists' views on the issue of poverty can differ, and the study participants think the reason for poverty can be situational or attributional. The study participants differ in their approach to treatment, as they try to accommodate the clients or find way to change the clients' behaviors. The methodological implications of this study showed that therapists could have difficulty coping with clients from a lower SES background due to the environmental issues that the clients face. The theoretical implications are that social class attributions influence therapists. The attribution influence the way that the study participants understand the issue of poverty and relate to their clients from a lower SES background.

There are two recommendations for practice. The first recommendation is that therapists work with their clinics to accommodate clients from a lower SES background and offer flexibility in scheduling and their treatment practices. The therapist would need to demonstrate to the clinic the advantage of accommodating these clients with increased

treatment compliance. The second recommendation is to have additional training for clinicians about the way poverty impacts clients and the possible impact on the treatment process.

Conclusion

People living in poverty with a mental disorder would have specialized needs for treatment. For mental health providers, it is important to understand that the therapeutic relationship can be impacted by their cognitive attributions of social class (Dougall & Schwartz, 2011). People working with clients from a lower SES background should have an understanding of the issue of poverty, the impact of poverty on clients, and the way that the therapist perceives this issue.

In this multiple case study data was collected from 10 participants, five master-level therapists and five doctoral-level therapists. Though the number of participants was small, the data yielded significant information about the social class attributions of therapists. The study results revealed that therapists could view the issue of poverty from a situational or attributional perspective. Some participants focused on the issue of lacking access to necessities, whereas others focused on broader societal issues of being marginalized and consequently developing a learned helplessness. This means that the therapists might view clients as responsible for living in poverty and might not be empathetic to the clients.

Some of the participants focused on the difficulties they encountered working with clients, whereas other participants focused more on their clients' issues and the way that these impact their functioning. Therapists might perceive that the focus of treatment

should be clients' behaviors on clients' situation. The results should assist student and therapists to better understand the issue of poverty and their social class attributions about poverty and clients that are from a lower SES background.

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Appendix A: Interview Guide

How Social Class Attributions of Therapists are Linked to their Experiences with Low SES Clients: A Qualitative Study

Date: _______________

Interview questions based on the research study questions:

1) What does it mean to be poor in America?

2) What do you think causes poverty?

3) What do you think keeps a person in poverty and poor?

4) How do you perceive that social class impacts your relationship with the client?

5) How do you perceive that social class impacts your work as a therapist?

6) What are some experiences of working with poor clients in your practice that characterizes your work with this population?

Appendix B: Invitation to Participate in Research Study

You are invited to participate in a study for my doctoral research study titled "How social class attributions of therapists are linked to their experiences with low SES clients." If you agree to participate in the study you will be asked 6 semi-structured questions with possible follow-up questions to clarify or to seek out additional information. The interview should last approximately 90 to 120 minutes.

The purpose of this study is to examine the experiences of therapists that work with low SES clients. Your in-depth responses can contribute to improve training of future therapists. Once the dissertation is approved by Walden University you will be provided with a copy of the manuscript.

The interview session will be recorded and you will have the opportunity to review a transcript of the interview and to provide comments regarding accuracy. The data collected during the interview session will only be used for the purposes of this study. Your identity and responses to interview questions will be kept confidential and anonymous.

If you are willing to participate in this study please respond via email to dan.sharir@waldenu.edu or you can contact me by phone (646-717-4860) if you have any questions about the study.

Best regards,

Dan Sharir, Ph.D. Candidate

Walden University

Appendix C: Relationship Between RQs, Interview Questions, and Themes

Research questions	Interview questions	Themes
Research question 1: How do therapists describe what it means to be poor?	1) What does it mean to be poor in America? 2) What do you think causes poverty? 3) What do you think keeps a person in poverty and poor?	A) Lacking necessities B) Marginality C) Welfare D) Learned helplessness
Research question 2: How do therapists describe their experiences working with low SES people?	4) How do you perceive that social class impacts your relationship with the client? 5) How do you perceive that social class impacts your work as a therapist? 6) What are some experiences of working with poor clients in your practice that characterizes your work with this population?	A) Perceptions of SES B) Avoiding biases C) Having empathy D) Impact of stress and poverty on client E) Societal concerns

Curriculum Vitae

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EDUCATION

Touro College, New York, N.Y. **01/2007**
M.S. in Mental Health Counseling,

Touro University International, Los Alamitos, C.A. **12/2005**
Ph.D. Health Sciences specializing in International health

Touro University International, Los Alamitos, C.A. **09/2001**
M.S.H.S. in Health Care Management, 2001

Touro College, New York, N.Y. **09/1991**
M.A. in Judaic Studies

Touro College, New York, N.Y. **09/1989**
B.A. in Economics (minor in psychology and pre medical sciences)

INSTRUCTIONAL EXPERIENCE

Associate Professor, New York, N.Y. **07/2007- Present**
Touro College, Graduate program of Mental Health Counseling

- Faculty member - Mental Health Counseling Program
- Administrative duties include setting up class schedules, class locations, registrations and admissions processes.
- Teaching and setting up in *Blackboard* Graduate online courses
- Teaching in class courses

Deputy Chair, New York, N.Y. **07/2014 – 07/2015**
Touro College, Graduate Programs in Counselor Education

- Engaging in student retention activities

- Serving on college committees
- Teaching in-class and online courses

Adjunct Professor, **Los Alamitos, C.A.** **09/2005-06/2007**
TUI University, Graduate program of Health Sciences

- Courses taught: Principles of Management, Health Systems Administration, Hospital Administration, Aging and Health Education, Health Education Program Administration, Health Care Delivery Systems, Hospital Administration, and Culminating Project.
- Ph.D. thesis committee member

CLINICAL EXPERINCE

Wellness Mental Health Counseling **07/2014-Present**
19 West 34 Street, New York, N.Y. 10001

- Provides mental health services for patients
- Provides individual, couple, and family therapies sessions
- Provides counseling services to children, adolescents, and adults clients
- Providing Cognitive-Behavioral, Dialectical Behavior, and Motivational Interviewing therapies for patients.

Citicare **09/2013 – 09/2016**
154 W 127th St, New York, NY 10027

- Provide mental health services for poor and low-income patients
- Provide psychological assessments to adults and children
- Work with multidisciplinary team to provide mental health services to adult, adolescents, and children with a wide range of mental illnesses, drug and alcohol abuse and their families
- Provided Individual, couple, and family therapies sessions
- Conducting initial psychosocial evaluations for patients.
- Conducting Cognitive-Behavioral therapies for patients.
- Coordinating care with outside agencies, including courts, parole/probation, shelters, ACS, and other treatment providers and referring agencies.

Interborough Developmental and Consultation Center **09/2010 – 09/2012**
1623 Kings Hwy, Brooklyn, NY 11229

- Work with multidisciplinary team to provide mental health services to adult, adolescents, and children with a wide range of mental illnesses, drug and alcohol abuse and their families
- Provided Individual, couple, and family therapies sessions
- Conducting initial psychosocial evaluations for patients.
- Conducting Cognitive-Behavioral therapies for patients.
- Coordinating care with outside agencies, including courts, parole/probation, shelters, ACS, and other treatment providers and referring agencies.

Facilitative Mental Health Counseling Services P.C. **07/2008 – 08/2010**
235 West 102 street, New York, N.Y. 10025

- Provided Individual, group, and family therapies
- Directed and supervised office staff
- Responsible for all crisis response plans and services
- Conducted initial assessment and evaluation.
- Handled therapeutic treatment plans and ongoing treatment
- Providing supervised individual and group counseling with special populations, including persons with severe mental illness, holocaust survivors and children of holocaust survivors.

CERTIFICATION AND LICENSURE

Licensed Mental Health Counselor, State of New York Since 2010
Certified School Counselor in New York State since 2011
National Certified Counselor since 2012

PROFESSIONAL AFFILIATIONS

American Counseling Association since 2016
American Psychological Association since 2013

ADDITIONAL PROFESSIONAL ACTIVITIES

Ohel/Bais Ezra – Family Services, Brooklyn, N.Y. **12/1990 – 01/1993**

- Provision of social and vocational services for youth and adults.
- Charting progress and intervention crisis management.
- Supervision of direct-care workers at residential facilities for children and adults.

PUBLICATIONS AND PRESENTATIONS

- Molinsky, R., Burke, P. Hagan, L., Weill, F., Sharir, D., & Dapice Wong, S. J. *Poster: Interprofessional implementation of an Academic Electronic Health Record (AEHR).* Maimonides Medical Center's Fourth Annual Nursing Research Conference, Brooklyn, NY (November 7, 2016)

- Maman, Y., Sharir, & Gardere, J., (2016). Apple's financial growth and corporate social responsibility in e-mental health. *International Journal of Business and Commerce, 6*(3) (In publication, December 2016).

- Gardere, J., Sharir, D., & Maman, Y. (2016). Technology and media for character development and career readiness: The S.T.E.A.M-based A.C.H.I.E.V.E. model. International Journal of Applied Science and Technology, 5(6), 12-17.

- Maman, Y., Sharir, & Gardere, J., (2015). School and Community Relations for Prosocial Behaviors, Character Building and Academic Achievement. *International Journal of Pedagogical Innovations, 3(1),* 18-22.

- Gardere, J., Maman, Y., & Sharir, D. (2013). School counseling and social entrepreneurship. *International Journal of Pedagogical Innovations, 1(1),* 47-50.

- Kopelman, M., & Sharir, D. (2013). A performance-based manual for mental health counseling internships. *The International Journal of Humanities Education, 11*(1), 1-10.

- Kopelman, M. & Sharir, D. (2011). Learning instruments in mental health counseling internships. Presented at INTED conference Valencia Spain.

- Kopelman, M. & Sharir, D. (2011). A standards-based manual for mental health counseling internships. Presented at INTED conference Valencia Spain.

- Sharir, D., Tanasescu M., Turbow D. & Maman Y. (2007) Social support and quality of life among psychiatric patients in residential homes. *International Journal of Psychosocial Rehabilitation*. 11 (1) 85- 96.

- Maman, Y. & Sharir D. (2007). Great Expectations: Developing a Healthy and Productive Lifestyle in Adolescents and Young Adults. A Wiley Textbook