

DEEP POVERTY INITIATIVE

Practitioners Action Guide



AMERICAN
PSYCHOLOGICAL
ASSOCIATION

Psychologists have long been concerned with the effects of economic deprivation on functioning and well-being. Through research, psychologists have become aware that economic marginalization creates challenges to accessing the services that sustain and support mental health.

The consequences of barriers to accessing services are evident in the following data found in a [reportⁱ](#) published by [APAs Workforce Studiesⁱⁱ](#):

- **60%** of psychologists never, rarely, or occasionally provided services to people who are unemployed;
- **61%** of psychologists never, rarely, or occasionally provided services to people in working poverty;
- **92%** of psychologists never, rarely, or occasionally provided services to unhoused people.

This Action Guide, intended for practitioners, offers a step-by-step guide to directly confronting the barriers faced by people experiencing income insecurity when attempting to access psychological services. It is intended to go hand-in-hand with the newly developed [Guidelines for Psychological Practice for People with Low-incomes or Economic Marginalizationⁱⁱⁱ](#), which offers more detailed support on these topics. Nevertheless, this Action Guide aims to help practitioners begin the process of determining how to take specific steps towards making their practice more accessible.

Before beginning to improve the accessibility of your services, you want to understand where you stand and what you intend to improve. Begin by conducting a [SWOT Analysis^{iv}](#) to understand your Strengths, Weaknesses, Threats, and Opportunities to working with individuals experiencing income insecurity.

Continue the assessment of your practice, by answering the following questions:

I. It is important to understand the demographics of your clientele. Consider the following questions about the demographic data you collect.

- What is my understanding of the socioeconomic status of the clients I serve?
- Does my intake form include questions about employment status and income? Do I aggregate and analyze the demographic and income information of my clients?

- What does the aggregated survey information indicate about the socioeconomic status of my clients?

II. Once you've answered demographic questions, reflect on the barriers you have faced in serving individuals belonging to diverse socioeconomic backgrounds. The following questions will help you locate major areas where you can begin to improve your accessibility.

- What have been the barriers to allocating my time to serving individuals experiencing economic marginalization?
- How can I allocate my time differently to better serve individuals experiencing economic marginalization?
- Am I educated on the unique and nuanced experiences of living without employment, experiencing homelessness, or lacking a living wage?
 - Do I use [social class worldview model \(SCWM\)](#)^v in serving individuals experiencing economic marginalization? Do I consider social class as a salient cultural factor for clients?
 - Have I examined my own [classist beliefs](#) related to working with economically marginalized clients?
 - Have I considered how to [address social class](#) in the therapy relationship?
- Am I aware of other social services that would offer wrap around services to my client?
- When I review my clinical notes, do I notice [Deficit-based language](#)^{vi} and diagnoses based on Deficit models?

III. The intake process is a major area of client drop off. These questions can help you understand how to streamline your intake forms, making them more accessible for diverse socioeconomic backgrounds.

- How many steps are involved in my onboarding or application process and how can I [streamline](#)^{vii} the process?
- Instead of the intake form, what questions can I ask during the first consultation?
- How can I reconsider the type of identification I require during the intake process?
- Are my intake interviews, explicitly or implicitly, [dominated by pathologizing the client](#)^{viii}?

IV. Examining the ways people learn about your practice is critical. An effective method for engaging people experiencing income insecurity is reaching out to local organizations that serve individuals experiencing deep poverty. Speaking with service-providers directly about how your practice can be inclusive of their client's needs, and the mutual benefit clients would receive by receiving holistic services, can create networks of care. Refer to the [Creating and Maintaining Partnerships Toolkit](#)^{ix} for more guidance. Consistent with talking with local organizations, consider how you advertise your services using the following questions.

- Have I connected with local organizations to let them know I provide psychological services for people with low-incomes or economic marginalization?

- Have I asked local organizations about the perceptions of my practice among their clients so that I can address any areas of misconception?
- Where do local organizations suggest that I can advertise my practice to better reach individuals experiencing income insecurity?
- Is it clear through my advertising that I take Medicaid, sliding scale payments, or make accommodations for ability to pay so that their clients know that they can afford psychological care?

V. Examining the barriers to attending sessions at your practice is another way to understand why your patient demographics may not be representative of an array of socioeconomic backgrounds. Consider the following questions about your practice to determine if you may have barriers to attending sessions that you may be able to address.

- Is my office near public transportation access points? If not, have I considered moving my practice to make it more accessible?
- Have I considered shifting appointment times to coincide with the timetables for public transportation near my office? For example, if the bus is scheduled to drop off near my office at 10 minutes past the hour, can I start appointments at 15 past the hour so that individuals do not have to wait 50 minutes for the next appointment block?
- What are my hours of operation?
 - Can I schedule one day a week to start very early or stay late to accommodate workers who are unable to miss work hours for an appointment (i.e., those who do not schedule their own hours or do not have flexibility to leave work for appointments in the middle of the work day)?
 - Is it possible for me to physically meet my patients where they are rather than for them come to me?
 - Is it possible for me to lead group therapy sessions in the community of my clients?
- What is my policy after a client fails to attend multiple [appointments](#)*? Do I consider how issues relate to economic marginalization, such as transportation, affect my termination policy?
- How do I schedule appointments?
 - Do I provide appointment reminders? How are reminders provided (e.g., phone calls, texts, mail)?
 - Do I communicate in a way that is accessible to all my clients by asking them their preferred method for reminders?
- How do I communicate that an appointment has been cancelled?
 - Do I attempt to reschedule during that same communication?

VI. Ability to pay is a major barrier to receiving psychological services. The following questions offer the opportunity to examine whether your services are financially feasible for patients belonging to diverse income brackets.

- Do I accept federal assistance programs as a way for individuals to pay for my services?
- Do I offer individuals a sliding scale or a plan to pay for services based on client needs?
- Do I offer any pro bono services for people in deep poverty?
- Is it possible to barter for services rendered rather than to take payment in cash?

VII. Once clients arrive for services, it is important for the therapeutic relationship that they feel that their counselor is culturally. Consider whether your practice promotes cultural competency.

- Are any of the employees in my practice directly from the community where my practice is based?
- Have I conducted a Cultural Competence Audit on my practice? Refer to the [Community Tool Box^{xi}](#).
- Have I sought training for cultural competence around issues of deep poverty and economic marginalization?

“Psychologists as researchers, service providers, educators, and policy advocates have a responsibility to... effectively treat and address the needs of low-income individuals and families by building on the strengths of communities”

—APA Resolution on Poverty and Socioeconomic Status

This document is a product of the American Psychological Association Deep Poverty Initiative Working Group.

i <https://www.apa.org/workforce/publications/15-health-service-providers/report.pdf>

ii <https://www.apa.org/workforce/publications/15-health-service-providers/>

iii <https://www.apa.org/about/policy/guidelines-low-income.pdf>

iv <https://ctb.ku.edu/en/table-of-contents/assessment/assessing-community-needs-and-resources/swot-analysis/main>

v <https://www.oxfordhandbooks.com/view/10.1093/oxfordhb/9780195398250.001.0001/oxfordhb-9780195398250-e-001>

vi <https://www.apa.org/education/ce/client-strengths.pdf>

vii https://www.health.ny.gov/diseases/aids/providers/standards/casemanagement/intake_assessment.htm

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<https://www.tandfonline.com/doi/abs/10.1080/10720537.2014.984884?tokenDomain=eprints&tokenAccess=idpjPNAyz2tm6iXYA7Pn&forwardService=showFullText&doi=10.1080%2F10720537.2014.984884&doi=10.1080%2F10720537.2014.984884&journalCode=upcy20>

ix <https://ctb.ku.edu/en/creating-and-maintaining-partnerships>

x <https://ps.psychiatryonline.org/doi/full/10.1176/appi.ps.53.9.1173>

xi <https://ctb.ku.edu/en/enhancing-cultural-competence>