Exploring Counsellors’ Insights into Effective Support for Clients with Low Income

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Abstract

Individuals with low income may experience a greater need for mental health services due to the substantial life challenges and stressors they experience. However, more research needs to explore what has been effective in improving services for this population. The present study addressed this gap through counsellors’ perspectives to identify what has been helpful when working with low-income populations. Counsellors completed an interview regarding their personal and professional experiences working with low-income populations, answering the question, “What have you found to be the most helpful aspects of counselling with clients facing low income?” Participants then completed a sorting task using the responses from the interview. The sorted responses were analyzed using Group Concept Mapping. The results indicated six concepts: accessibility to counselling services, providing advocacy and resources, addressing basic needs, therapeutic approaches, therapeutic relationship, and understanding barriers. These results were compared to the literature, and recommendations were made regarding counselling and research.

Keywords: low-income, counselling, intervention, advocacy, concept mapping
Summary for Lay Audience

Research has shown that individuals with low income may experience increased stress and challenges in different areas of life, which can negatively influence mental health outcomes. Therefore, individuals with low income may experience a greater need for mental health services to help address and cope with the challenges that they may face. Prior research has addressed the unique needs that low-income populations may have within the mental health field, but little research has explored what has been found to work when supporting this population within the counselling space. The current study addressed this gap in the research through counsellors’ perspectives of what they have found to be helpful in the counselling process when working with clients with low income. Counsellors completed an interview in which they were asked about their experiences working with clients with low income. Counsellors were then asked to complete a sorting activity. Counsellors were provided the responses of one or two of the interview questions and were asked to sort those responses into groups of similar themes. The current study used the sorted responses from the question “What have you found to be the most helpful aspects of counselling with clients facing low income?” for data analysis. Data analysis was completed using concept mapping through the system Group Wisdom (Concept Systems, 2024). Concept mapping plots the responses on a graph based on how often responses were grouped together by participants. Those plotted closer together were typically grouped together and those plotted further away from each other were less likely to be grouped together. A total of six concepts were identified: accessibility to counselling services, providing advocacy and resources, addressing basic needs, therapeutic approaches, therapeutic relationship, and understanding barriers. These concepts identified helpful practices within counselling when working with clients with low income. These concepts provide recommendations for how counsellors can improve their practice to help address the unique needs of this population within the counselling space.
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Chapter 1

1 Introduction

Individuals with low income have historically experienced a greater need for mental health services due to higher rates of mental health concerns, and this need was amplified throughout the pandemic (Canadian Mental Health Association, 2018; Haider et al., 2020). In a survey conducted within Ontario by the Canadian Mental Health Association, 43% of individuals surveyed found it difficult to access mental health services. This was a 37% increase from the last survey conducted before the COVID-19 pandemic (Canadian Mental Health Association, 2022). On average, individuals with low income are more likely to face life challenges and stressors and face significantly more barriers when accessing mental health services (Santiago et al., 2013). In addition, the COVID-19 pandemic caused many added stressors, including loss of work and the fear of one’s ability to sustain future income, isolation, stress and, in some cases, post-traumatic stress (Inchausti et al., 2020; Goldmann & Galea, 2014).

With the need for mental health services amplified by the effects of the pandemic on individuals with low income, it will be important to understand how counsellors can best support these clients within the counselling space. This can be done by collecting practice-based evidence from practitioners within the field. Practice-based evidence is based on the experiences and knowledge of practicing professionals within their contexts rather than in an experimental setting, as is the case for evidence-informed practice (Horn & Gassaway, 2007). Practice-based evidence is a bottom-up approach to collecting and using knowledge for professional practice (Horn & Gassaway, 2007). Therefore, identifying practiced-based evidence from counsellors who work with clients facing low income can be important to understanding how counsellors can increase the effectiveness of services when supporting this population.

1.1 Defining Low Income

Before addressing the unique needs and barriers of clients with low income, it is important to understand how low income is defined within Canada. The Canadian
government defines low income using the low-income cut-offs (LICOs). The LICOs are measured by determining the average proportion of income a family spends on food, shelter, and clothing based on family and community sizes (Government of Canada, 2015). Once this average is determined, any family who spends 20 percent greater or more of their income than the average proportion on these necessities is considered low income (Government of Canada, 2016). Therefore, the LICO for the appropriate family and community size is compared to a person’s family income. If that income is below the cut-off defined by the LICO, they are considered low income.

Individuals with low income are more likely to experience acute life events, including job stress or loss, violence, trauma, adverse legal events, and separation from loved ones (Mickelson & Kubzansky, 2003). The COVID-19 pandemic added many additional stressors to the everyday struggles of many, and this is no different for individuals facing low income. The United Nations (2020) correctly predicted that the lockdowns due to the COVID-19 pandemic would negatively affect individuals with low income who typically work in the service sectors by losing income from shutdowns, making income inequalities worse. To add to this worsening inequality, the pandemic has led to prolonged exposure to stress through isolation, income uncertainty and fear (Saladino et al., 2020). This increase in stressors can leave individuals exposed to the risk of increased anxiety, stress, depression, and post-traumatic stress (Saladino et al., 2020; Denckla et al., 2020). This is especially true for individuals with low income who already have an increased likelihood of experiencing acute life stressors outside of the pandemic.

### 1.2 Barriers to Mental Health

There are a number of barriers that individuals with low income face in mental health services. Healthcare professionals and researchers have identified stigma, knowledge of resources available, timing for receiving support, sufficient healthcare professionals, and cost (Santiago et al., 2013). When considering one’s understanding of available resources, a study completed by Scholz et al. (2022) found that visibility and accessibility of mental health services through advertisements were important in helping to reduce stigma and proved more accessible because they allowed for easy recall of available services to the individuals who later sought those services out. However, to be truly
effective, mental health literacy must include knowledge on accessing and utilizing information about mental health services to give individuals the power and confidence to advocate for themselves and others (Jorm, 2012). When considering mental health literacy from an anti-oppressive approach, the language and cultural interpretations of mental health must be considered to be helpful to the whole population (Jorm, 2012), including various understandings about mental health and treatment outside of Western medicine.

1.2.1 Cost and Availability to Services

Barriers related to the cost and utilization of services include being unable to afford the expenses associated with mental health services without the help of insurance companies, government-funded programs or using a sliding scale. Therefore, those who need help to afford services are unlikely to have long-term care, even when it may be beneficial. Fiscal barriers include insurance restrictions, transportation and operational costs and the absence of community mental health within the public health care system (Campo et al., 2015). Even when individuals find affordable services, there is often an extensive waitlist to access those services. Due to the overwhelming demand, the services tend to be limited in the number of sessions allowed for each client.

Very few psychological services are publicly funded, and those that are funded typically have long waitlists due to the high demand for mental health needs, making them inaccessible (Canadian Mental Health Association, 2018). For example, depending on the location of services, some children and youth can wait up to 2.5 years to be able to access mental health services (Centre for Addictions and Mental Health, 2020). With the long wait times and increased need for counselling from the stressors caused by the pandemic, treatment is often ineffective since it cannot be received when it is most needed (Moroz et al., 2020). With this knowledge, it is important to acknowledge that fiscal barriers may only be one aspect of the challenges in accessing mental health services and that structural barriers must also be considered.
1.2.2 Beliefs and Expectations

Attitudinal barriers are important to consider when working with clients with low income. These can include a lack of trust in the healthcare system and pessimistic views and beliefs about the effectiveness of treatment, which can be from a lack of knowledge and previous negative experiences within the healthcare system (Campo et al., 2015; Steele et al., 2006). The beliefs and attitudes towards the healthcare system are understandable given the struggles and lack of resources available due to low income. The lack of fiscal and structural stability and resources may further hinder their ability to see improvement in mental health wellbeing, even when seeking treatment (Falconnier, 2009). When considering the growing number of barriers that individuals with low income face seeking treatment, in conjunction with the higher rates of mental health problems caused by the COVID-19 pandemic, it is important to understand what practices have been found to work within the counselling space to help increase effectiveness and reduce barriers to ensure that this population receives the support they need.

1.3 Client Identified Facilitators

When considering barriers that individuals with low income face, it is also important to consider what these clients themselves have found to be facilitators of the counselling process. In a study that looked at the counselling experiences of clients with low income recovering from substance use, a strong therapeutic relationship, active listening, and the client’s willingness to engage in the process were all seen as facilitators to the counselling process (Edwards & Loeb, 2011). Another study that looked at the counselling experiences of women with low income found that the counsellor’s understanding surrounding low income, flexibility, support and advocacy, building client strengths, a balanced power dynamic, honesty and authenticity were among some of the most important aspects of creating an effective counselling experience (Pugach & Goodman, 2015). While most of these aspects have been found in past research to be important to the counselling space, they can be especially helpful for clients experiencing additional barriers and challenges. For example, flexibility can include reducing structural barriers such as transportation challenges and late policies and providing
sliding scales. Advocacy can consist of helping clients navigate complex systems and providing resources for additional support outside of mental health concerns.

1.4 The Importance of Counselling Considerations with Clients Living with Low Income

By engaging with counsellors who work directly with this population, we can identify what has been found to work with clients living with low income that can act as facilitators in the counselling process. Through exploring the perspectives of counsellors who work with clients living with low income, we can improve services and make recommendations to increase access and remove barriers to mental health services. This practice-based evidence can be used in training and teaching to promote anti-oppressive practice with current and new generations of counsellors.

1.5 Personal Experience Working with Low-Income Populations

While conducting this study, I had the unique opportunity to explore this topic while working with individuals living with low income. I completed data collection during the summer before starting my internship at a community-based practice that provided counselling services for individuals with low income. During the interviews used for data collection, I learned first-hand from counsellors what they have found to be helpful during the counselling process. With this knowledge, I was able to understand how this practice-based evidence is applied in counselling with clients facing low income and I could integrate those tools, skills, and considerations into my own work to be able to better support this population. In addition, I completed data analysis a couple of months into my internship experience and had started to learn about some of the challenges and barriers individuals with low income face. This acquired knowledge allowed me to better understand and conceptualize the meaning behind the responses provided by counsellors within the study. Having the opportunity to provide counselling for clients living with low income and conduct research around improving counselling experiences for this population provided me with invaluable insight and allowed me to integrate both evidence and practice-based knowledge into my work.
Chapter 2

2 Literature Review

Within Canada, low-income status is defined using the LICOs. However, research has shown that socioeconomic status can encompass much more than just income and is a component of an individual’s social class. When considering socioeconomic status and social class, many external barriers that influence income and income disparities are important to consider, especially within the counselling context. Rather than attributing social class to individual experiences, social class can result from inequalities related to power and structural barriers created by society that many individuals face (American Psychological Association, 2007). This includes the intersectionality of sociodemographic factors with socioeconomic status and class, such as gender, ethnicity, and ability. Historically, women, People of Colour, first-generation immigrants, individuals with disabilities, and 2SLGBTQ+ individuals often face low income due to a variety of reasons related to discrimination and unfair disadvantages created by societal barriers (American Psychological Association, 2007).

2.1 Social Class

The social class worldview model defines social class as a lens that makes sense of the economic culture that one lives in and interacts with (Liu et al., 2004). Specifically, it can include an individual’s relationship with materialistic items, social class behaviours (language and mannerisms), lifestyle, groups one associates with, and one’s own identity and definition of social class (Liu et al., 2004). When considering one’s socioeconomic status through the social class worldview model, counsellors must consider these factors in the counselling space and when assessing their privilege, assumptions, and biases. Low income can not only be understood as a client’s ability to pay for mental health services but also includes many more visible and invisible barriers that a client may face.

Since social class is defined in many other ways outside of just income and employment status, counsellors must work to understand each client’s social class before and during the therapeutic process to help their clients effectively. Attending to all aspects of social
class that shape a client’s experience can include asking about health care access, immigration status, financial responsibilities outside of immediate family and economic history, not only during intake but throughout the counsellor’s understanding of the client’s experience (Kim & Cardemil, 2012). In addition, counsellors should also work to understand how one’s cultural identity affects income and social class experiences. The many facets of one’s identity often shape one’s personal experience with social class compared to another, including gender, race, ability, and sexuality (Kim & Cardemil, 2012).

To further understand counsellors’ awareness of social class and socioeconomic status, Cook and Lawson (2016) interviewed nine counsellors about their awareness and understanding of social class and socioeconomic status. They found that while most participants were generally aware that social class encompassed more than income, many had difficulty defining it outside of income and resources. Specifically, the study found that many counsellors’ responses did not mention the effect that income has on an individual’s attitudes, beliefs, worldviews, and values (Cook & Lawson, 2016). While the external effects of income are important to consider within the counselling space, the understanding of the internal influences of socioeconomic status is important for counsellors to take time to understand to avoid imposing one’s worldview and values onto the client, especially when both individuals are from different social class backgrounds. In addition, increasing social class awareness can help counsellors better understand their clients’ worldviews, challenges and experiences of oppression while improving therapeutic interventions (Cook & Lawson, 2016).

2.1.1 Social Class of the Counsellor

Outside of the counsellor’s understanding of social class and various ways of defining it, it is also important to consider one’s social class within the therapy room. This can include social class's various “markers” such as employment, financial stability, pets, ability to travel, children, relationship status, ability to meet basic needs, and home ownership (Thompson et al., 2012). In addition, the counsellor’s language and articulation can indicate social class status through tone and word choices (Trott & Reeves, 2018). These “markers” can be recognized through how a counsellor’s office is
set up, the counsellor’s appearance and self-disclosure. A study by Thompson and colleagues (2012) that investigated social class in psychotherapy through the experience of clients with low income found that many participants noticed these markers within the counselling space and used these markers to make assumptions and comparisons about themselves in relation to the perceived social class of their therapist. However, many of the clients were still able to have positive counselling experiences when the counsellor was able to acknowledge the social class disparities in session, were comfortable talking about the challenges and barriers surrounding low income and made genuine efforts to understand the individual and their challenges (Thompson et al., 2012). When considering this in the context of the counselling space, counsellors need to consider the effects of their social class on their clients and how different lived experiences can affect the therapeutic alliance and therapeutic process.

This is especially important considering the significance of a strong therapeutic relationship on the client experience and, subsequently, the therapeutic process. A strong therapeutic alliance indicates successful treatment outcomes and positive therapeutic experiences (Stiles, 2017). When considering a strong therapeutic rapport between the counsellor and client, one of the most important aspects of that alliance is ensuring a power balance in which the client feels empowered within the therapeutic space (Stiles, 2017). By not taking the time to acknowledge and talk about class and income inequalities during sessions, the counsellor may be reinforcing class differences and the power imbalances that society creates around these inequalities (Balmforth, 2009). This lack of acknowledgement can reinforce the powerlessness many individuals with low income face in their lives.

### 2.2 Internalized Oppression

Powerlessness is often the result of the internalized oppression that many marginalized individuals face, including those who fall in a lower socioeconomic status. Internalized oppression refers to the internalization of prejudice, biases, and discrimination that individuals experience from their identity(s) within society that can affect their sense of self, behaviours, and beliefs about those oppressed parts of their identity (Chavez, 2005; Liebow, 2016). Furthermore, those who identify with more than one marginalized
identity often feel as though their opinions, challenges and experiences are dismissed because of those multiple intersecting identities, which can further contribute to internalized oppression (Remedios & Snyder, 2018). Individuals who experience oppression through societal barriers and discrimination begin to internalize those experiences, which can lead to feelings of helplessness, inferiority compared to the dominant group and self-blame. For example, internalized oppression can lead those of lower socioeconomic statuses with less education to question their intelligence and attribute their circumstances to their own identity and choices rather than considering the barriers and challenges faced outside of their agency (Chavez, 2005). This can then lead individuals to feel as though they lack the autonomy to make changes in their lives because of their feelings of responsibility for their circumstances caused by internalized oppression, whether those feelings are conscious or subconscious (Liebow, 2016).

The social exclusion experienced by individuals with low income can also contribute to the effects of internalized oppression. Social exclusion experienced by those with low income is an ongoing barrier that removes or limits the resources available for individuals, groups and neighbourhoods who are categorized in a lower socioeconomic status as a consequence of discrimination against their income status (Pierson, 2016). This social exclusion can include a lack of access to jobs, social isolation, neighbourhood disadvantages, and exclusion from community resources (Pierson, 2016). Social exclusion then limits the opportunities available for people with low income to receive the support they need to ease their financial situations. This lack of support and resources caused by societal barriers and expectations can then contribute to the feelings caused by internalized oppression, even when facing challenges outside of their control.

2.3 Promoting Agency

To address internalized oppression, counsellors will need to help promote agency and feelings of control by challenging feelings of self-blame and taking steps to make changes. Agency can be defined as an individual’s capacity to make and act on decisions in their life and can include mental and physical actions (Gorlin & Békés, 2021). Agency can consist of being aware of one’s emotions and reactions to them, creating realistic goals and taking action to reach them, acknowledging and learning from setbacks, and
flexibility in their decisions and actions when needed (Gorlin & Békés, 2021). Gorlin & Békés (2021) outline a framework for promoting agency through awareness. Within this framework, agency and awareness are interconnected, in which awareness of one’s choices and lack of choices, past experiences, and future options contribute to agency in one’s life (Gorlin & Békés, 2021).

Furthermore, promoting agency through awareness can be action-oriented. Still, it can also include accepting the barriers that cannot be changed or things outside the client’s control, which can promote agency and feelings of control. The awareness aspect encompasses internal and external factors contributing to an individual’s sense of control and agency over their decisions. To address the external factors contributing to client challenges, counsellors should ask about and acknowledge external barriers, so the causation is not centred solely on the client and to bring awareness to the various barriers a client faces (Dass-Brailsford, 2012). In addition, counsellors should avoid making assumptions about the barriers that clients face because assumptions about client realities can lead to judgements that will further hinder client improvement and contribute to internalized oppression (Trott & Reeves, 2018). When prompting agency in clients who experience societal and cultural barriers, awareness of these barriers and limitations can help clients increase their agency over how they challenge, think about, and accept those barriers and difficulties when making changes (Gorlin & Békés, 2021).

2.4 Cost of Services

Another factor to consider within the counselling space is the cost of services and the ability of clients to pay for these services. Not only does the cost of counselling act as a barrier to individuals with low income, but it can also contribute to the powerlessness that clients may feel. There are income inequalities related to accessing counselling and mental health services, and those inequalities were amplified during and following the COVID-19 pandemic (Bartram & Stewart, 2019; Jaspal & Breakwell, 2022). To help offset these income barriers that some clients face, counsellors offer sliding scale fees to accommodate clients with low income, in which a reduced fee is negotiated based on a client’s circumstances (Tudor, 1998). However, counsellors, primarily in private practice, must consider their limitations and resources to be able to offer this type of support. To
do this, counsellors will need to be aware of their own feelings surrounding money, regarding their own values and practicalities within their own lives (Apostolopoulou, 2013). By having this self-awareness, counsellors can provide empathetic understanding to their clients’ experiences surrounding income and the challenges it may bring while also being aware of their attitudes and challenges around this topic (Apostolopoulou, 2013). To help overcome the barrier of affording services, counsellors will need to have honest and empathetic conversations with their clients about income challenges and be aware of their limitations to be able to support this client population. Often, offering a reduced fee is sustained through limited or short-term counselling services to help offset the reduced cost and meet the growing demand for mental health services for this population.

2.5 Counselling Interventions

2.5.1 Solution-Focused and Limited Session Counselling

With limited services in the number of sessions offered or available to clients with low income, therapists utilize solution-focused techniques. Solution-focused therapy is aimed at problem-solving that focuses on the present and the future (John & Satyanarayana, 2022) and utilizes evidence-based treatments that can support and help attain the treatment goals quickly. This questions the quality of care and therapy success for individuals with low income when practitioners are limited in resources and time. Santiago and colleagues (2013) looked at the quality of care for adults with low income and found that limited-session evidence-based and solution-focused treatments did have high success rates. However, some individuals with low income showed greater symptom severity than those above the poverty line, which can mean that in certain cases, it would be beneficial for treatment to extend beyond solution-focused symptom relief.

In addition, a study by McLeod et al. (2000) that looked at the effectiveness of short-term counselling with clients facing low income found similar results in which these clients did benefit from short-term counselling (in this case, seven sessions). However, this study compared employed and unemployed clients with low income and found that while both populations had positive results, the employed clients generally had better counselling
outcomes and lower drop-out rates. Specifically, the study found that those who came into sessions with a specific goal or focus for the therapeutic process showed better improvement at the end of the seven sessions compared to those experiencing anxiety, low self-esteem, and feelings of hopelessness (McLeod et al., 2000). These results further support the idea that those experiencing unemployment or the everyday stressors of low income may need more than short-term therapy to help address these challenges and mental health needs caused by their stressors that are directly and indirectly related to their income challenges.

The need for longer-term, affordable therapy may also be caused by the fact that individuals facing low income are more reluctant to reach out for help due to the many barriers they face, and often reach out for support when in crisis or after an increase in symptom severity after experiencing these symptoms long-term (Barnett et al., 2022). With the many barriers and unique experiences individuals face, it is important that the counsellor tailor each therapeutic experience to the client's needs (Barnett et al., 2022).

2.5.2 Advocacy

Tailoring the therapeutic process to the needs of the individual involves the types of interventions used and can also include a general awareness and consideration of needs. This can consist of developing an awareness of available community resources for clients seeking financial support. This can be especially important for clients from disadvantaged communities or those needing to know the available resources. For example, Berzins et al. (2018) found that in addition to therapeutic interventions for individuals experiencing distress due to low income or job loss, connecting these individuals to community resources such as employment workshops and government financial support services was important for providing additional support to individuals with low income.

2.5.3 Providing Safety and Empowering Strengths

In addition to providing community resources, Benjamin and Carolissen (2015) found that individuals from low-income communities facing trauma and violence often experience greater social isolation and lack of physical safe spaces, so providing emotional safety is important to helping individuals feel safe and understood. Providing
clients with low income a safe space to feel understood and maintain a consistent emotional connection can benefit treatment outcomes. In addition, when attending to the therapeutic space, it can be beneficial for the counsellor to give attention to the client’s strengths and coping methods (Appio et al., 2013). This can be especially important when considering the barriers outside their control (Campo et al., 2015). By empowering and supporting clients’ strengths, counsellors help address and challenge the shame that some individuals facing low income experience (Appio et al., 2013). To address shame and help clients feel comfortable talking about such experiences in session, the therapist must first be comfortable with addressing social class and class disparities in session with their clients, which starts with being aware of their own beliefs and attitudes around low income.

2.6 Counsellor Attitudes

When considering social class differences within the therapeutic space, the attitudes and beliefs of the counsellor should be considered. This can include being aware of their own biases, being aware of the structural barriers that clients with low income face outside of the counselling room, and having beliefs about the effectiveness of treatment for those with external barriers (Campo et al., 2015). For example, a study that compared vignettes of an identical client with different social class backgrounds found that counsellors were less inclined to work with lower-class clients if they believed that the client was the cause of their problems (Thompson et al., 2014). In addition, a study by Hawley and colleagues (2014) that looked at the relationship between socioeconomic status and counselling outcomes was found. Contrary to what was found in past research, no relationship between socioeconomic status and social support, treatment commitment or client motivation was observed. Specifically, they found that these variables did not affect treatment outcomes for those from a lower socioeconomic status and that health benefits and education level predicted positive changes. The study suggests that the lack of relationship between the three variables that were previously supported in past research could indicate socioeconomic status biases in counsellors when predicting treatment outcomes for this population (Hawley et al., 2014). With these factors in mind, counsellors will need to work from an anti-oppressive approach that includes adapting
their practice to meet the client's specific needs. This may consist of accessibility to services, addressing and correcting power imbalances, and understanding the client’s experiences and how those can affect their perceptions, beliefs, and values about the world around them (Brown, 2019).

Anti-oppressive counselling involves constant awareness and self-reflection within the counsellor (Brown, 2019). Counselling clients through an anti-oppressive approach includes being aware of and challenging biases and learning from the client rather than generalizing experiences. For example, Kim and Cardemil (2012) use the example of critical self-reflection around feelings of helplessness that some clinicians experience in their work and how this self-reflection can act as a motivator to learn more about how we can better help clients who have lived experiences we may not be familiar with. Self-reflection allows counsellors to gain awareness of their assumptions and biases, understand their limitations to their knowledge and skills, and figure out how to fill those gaps. Thompson and colleagues (2015) interviewed nine mental health treatment providers to understand the intersection of these practitioners' personal and professional experiences and how these experiences shape their work with clients with low income. Within their findings, many aspects important to anti-oppressive counselling were mentioned, including the importance of building a strong therapeutic relationship, avoiding judgmental attitudes, and meeting the client where they are rather than the practitioner imposing their values and assumptions onto the client (Thompson et al., 2015). This study highlighted many important factors for counsellors to consider in their own professional and personal experiences that can impact their work with clients living with low income.

### 2.7 Socioeconomic Status and Culture

While the literature has demonstrated that individuals from low-income populations face significant barriers in seeking and maintaining mental health support and have been able to identify these barriers and the needs specific to this population, little research has explored what has been found to work when implemented into practice within counselling settings. When considering culture within the counselling space when working with clients living with low income, Dass-Brailsford (2012) found that
explaining the therapeutic process, taking the time to understand which problems are environmental (external) and which are cognitive (internal) without using one’s assumptions, and understanding the cultural contexts that influence an individual’s behaviour is important to integrate into the therapeutic space. These factors are especially important considering the barriers that individuals with low income face, such as being skeptical of the health care systems and their experiences of stigma related to their social class.

To further promote anti-oppressive practice and understand the unique needs of clients with low-income, counsellors will need to understand the intersectionality of culture with socioeconomic status. For example, 63% of female-headed households are low income, and 55% of those living in poverty are racialized people (Krupnick & Melnikoff, 2012). Additionally, when examining health differences in relation to income with Black and White Canadians, those who identified as Black with lower income reported more cases of hypertension and lower scores of self-reported mental health compared to White participants (Veenstra, 2019). Indigenous Canadians living with low income have been found to experience a higher frequency of psychological distress. They are about 2 to 5 times more likely to experience mental health challenges and substance abuse than other low-income ethnic groups within Canada (Caron & Liu, 2010). Income inequalities have also been found to increase the chance of poor mental health outcomes and suicidal behaviours within Indigenous populations (Hajizadeh et al., 2019).

When working with clients from different cultural backgrounds, there is a potential for increased misunderstandings between the counsellor and the client (Krupnick & Melnikoff, 2012). Additionally, individuals from different cultures may experience distress or emotions differently than the counsellor’s interpretation of that distress or emotion. To mitigate these differences while still promoting agency within the client, it is important that the counsellor take the time to understand the client’s culture and understand their distress, challenges, and experiences (Krupnick & Melnikoff, 2012). This can include understanding the intersectionality of the client’s experience with low income in relation to other parts of their own culture and identity, such as the role of income in collectivist cultures.
When considering the external and internal contributors to the challenges that individuals with low income face, it is also important to understand the environmental factors, systemic barriers, and stressors to understand one’s behaviour and reactions better. A study by Baer et al. (2012) that looked at generalized anxiety disorders (GAD) in mothers with low income found that most often, the anxiety experienced by these mothers was due to their unmet needs and the stress that this caused them, rather than a psychiatric disorder. Additionally, this study further supported the need for therapeutic interventions to focus on coping strategies and strengths-based approaches to support these clients’ experiencing barriers and challenges most often outside their control (Baer et al., 2012). This further supports the need to understand the unique client experience from their worldview and that mental health concerns can be a result of socioeconomic challenges and barriers.

2.8 Cultural Considerations for Interventions

In considering these cultural contexts in working with clients with low income, Dass-Brailsford (2012) created an empowering model for clinical intervention that outlines 3 phases during the session: an initial cognitive phase, an affective phase and a final cognitive phase. The cognitive phases start with checking in with the client and allowing them to ease into their topic of choice slowly. The affective phase takes up most of the session in which the counsellor and client work on the emotional processing and therapeutic interventions related to a chosen topic. The final cognitive phase allows the therapist to check in with the client about the session, assign homework and ensure the client feels safe when leaving the session (Dass-Brailsford, 2012). While this model may follow a typical therapeutic session outline, the study mentions the cultural considerations that were integrated into the model, such as using the first phase to allow clients who may not be comfortable sharing personal details with someone outside of their familial or cultural context, to ease into talking about their concerns with the counsellor. Additionally, with the final cognitive phase, time is allotted to discuss the ability and comfort of completing homework outside of the counselling space and ensuring the client feels safe after sharing vulnerable and often emotional information.
2.9 The Importance of Counsellor-Identified Practices for Working with Low-Income Clients

While many studies have demonstrated the importance of addressing the specific needs and challenges that individuals with low income face within the counselling space, very few studies have investigated what has been found to work within the practice from the counsellor's perspective. Borges and Goodman (2020) completed a study to address this gap by looking at ways that counsellors with extensive experience working with clients with low income have adapted their practice to meet their needs. Their study found that addressing power dynamics, having flexible boundaries, and finding a balance in addressing the internal and external stressors their clients experienced during their sessions were beneficial to the therapeutic experience (Borges & Goodman, 2020). These results are consistent with factors and considerations that past research has found regarding counselling with individuals living with low income. With the additional structural and economic inequalities caused by the COVID-19 pandemic (Inchausti et al., 2020), it is even more important to continue to address this gap in the literature by exploring what has been found to work within the counselling space, from the perspectives of counsellors with direct client experience. With the need for mental health support for clients with low income on the rise due to the COVID-19 pandemic, understanding what has been found to work within the counselling space can increase the effectiveness of treatment outcomes and help tackle barriers faced by this population.

The current study continues to address this gap in practice-based evidence in the literature through the counsellor’s perspective. The current study explored what counsellors identify as facilitators in the counselling process when working with clients with low income. This study took a collaborative and mixed-methods approach using concept mapping to understand the experiences of counsellors who work with clients with low income to identify better what works within the counselling space. Identifying what works with clients with low income within the counselling space can enhance counsellors' collective knowledge while improving mental health services and removing barriers.
Chapter 3

3 Method

The present study sought to understand what counsellors identify as facilitators in the counselling process when working with clients with low income. The study used a mixed-methods approach using concept mapping. Concept mapping was chosen for this study because it allows participants to be involved in the data analysis, and it retains the context of the data collected by using intact participant statements instead of selected words from the interviews (Jackson & Trochim, 2002). Including the participants in the data analysis process allows them to clarify the context and retain the integrity of the responses to the interview questions.

The study aimed to identify helpful practices for counselling clients with low income through the experiences of counsellors and provide recommendations for practitioners to improve mental health services for this population. Petrucci and Quinlan (2007) reviewed the effectiveness of concept mapping through literature reviews and case examples. They found that this collaborative method allows professionals to identify practice-based evidence and contribute to analyzing it into concepts to achieve practical knowledge for practice, services, and scientific testing. Participants in the present study were practicing professionals, and their direct involvement allows for their voices and experiences to be considered and utilized when making recommendations about practice-based evidence that can impact their work and their clients.

3.1 Participants

The sample of participants was drawn from the 12,000 members of the Canadian Counselling and Psychotherapy Association (CCPA) and its members’ professional networks. Participants were recruited through a national survey for a larger study (see Appendix A). Participants who indicated their interest in individual interviews were contacted, and 113 interviews were completed. Of the 113 participants who completed the interview, 78 completed the sorting task, and 29 sorted the responses to the question used for this study.
Of the 113 participants, 95 identified as female, 12 as male, five as non-binary and one as genderqueer. Concerning ethnicity, 87 participants identified as Caucasian, three as Black, 12 as Pan-Asian, three as Indigenous, five as Middle Eastern and three as Bi-Racial. Most participants had spent about 0-5 years in the counselling profession (62), followed by 6-10 years (26), 10-15 years (11), 21+ years (8), and then 16-20 years (6). The average age of participants was 39. Concerning the province in which the counsellor resided, 50 were from central Canada (Ontario and Quebec), 42 were from Western Canada (Alberta, British Columbia, and Manitoba), 18 were from Eastern Canada (New Brunswick, Nova Scotia, Newfoundland and Labrador, and Prince Edward Island), one from the Northwest Territories, and one from Switzerland.

3.2 Procedure

The following study is part of a larger project that will investigate counselling with clients with low income and the effects of COVID-19 on the counselling process from the perspectives of clients and counsellors (see Appendix B). The larger study interviewed counsellors about their experiences working with clients with low income, including what they found helpful and unhelpful within the counselling process and the impact of the pandemic on the counselling process. The larger study started with a survey sent to Canadian counsellors asking about their social location and experience working with individuals with low income. The survey was created and distributed through Qualtrics, sent to all members of the CCPA through the association’s monthly newsletter, and shared on their social media. Participants were asked if they would like to be contacted for a follow-up interview after completing the survey. The present study used the responses to one of the open-ended interview questions.

A research assistant contacted participants who indicated their interest in a follow-up interview via email to set up a Zoom interview. Zoom interviews were audio recorded, and participants were asked close-ended and open-ended questions. The interviews started by asking demographic questions, including physical location, identities, and employment information such as number of years practicing and employment setting. Participants were then asked six open-ended questions: (1) In which categories do you believe you are advantaged and disadvantaged relative to the majority or dominant
groups and why? (2) How does your own experience with low income impact your counselling? (personal and professional), (3) What have you found to be the most helpful aspects of counselling with clients facing low income, (4) What have you found to be the least helpful aspects of counselling with clients facing low income, (5) How has the pandemic impacted your work with low-income clients (i.e. access, relationship, continuity, funding, scheduling, helpfulness, usefulness), (6) How does your experience supporting low-income clients impact your work outside of the counselling space? (i.e. advocacy, teaching, policy, community, politics) (see Appendix C). Participants were told they could skip any questions and end the interview anytime. The demographic information collected was used and reported for descriptive data.

During the consent portion of the interviews, participants were asked about their interest in participating in the sorting task component of the concept mapping process. This sorting task was used as part of the data analysis. Interested participants were contacted a few months after the interviews to reconfirm their interest. Depending on their preference, they could receive the sorting task on paper through mail or via an interactive Qualtrics link. Each participant was assigned 1-2 questions to sort. The compiled responses for each question were numbered, and participants were asked to group the responses into piles that reflected similar ideas. Participants were asked to create a label that represents the theme of each group they created. A Zoom call was set up for all participants to provide instructions and obtain consent before starting the activity. Those who completed the virtual activity submitted their responses through the Qualtrics program. For those who requested the paper copy, a research assistant set up a second Zoom call with the participants to debrief the sorting task, collect the groups and labels created by each participant, and input the sorted responses into the appropriate Qualtrics form.

3.3 Analysis

Data analysis was done using concept mapping. Concept mapping consists of 5 steps (Kane & Trochim, 2007). The first step consisted of generating statements to the research question. For this study, the question “What have you found to be the most helpful aspects of counselling with clients facing low income?” was used to generate statements
using participant interview responses. In the second and third steps, research team members independently analyzed and edited the statements to remove duplicate and nonrelevant answers. This created a set of statements that answer the research question. Once the statements were generated, participants who indicated interest in the sorting task were contacted to sort them into groups of similar ideas.

In the fourth step, the participants' groups were analyzed using multidimensional scaling and cluster analysis. These analyses were done using the concept mapping program Group Wisdom (Concept Systems, 2024). All data from the sorting activity was entered into Group Wisdom. Multidimensional scaling (Kruskal & Wish, 1978) was used to create a “point map” that plots each statement on an XY axis based on how often each participant grouped the statements. During this stage, the analysis assigns a bridging index to each statement from 0-1, in which values closest to 0 indicate that the statement was rarely grouped with statements positioned further away from it on the XY axis and numbers closest to 1 indicate that the statement was often grouped with statements positioned further away from it on the XY axis. These results were used for the cluster analysis.

Cluster analysis starts by making each point its own cluster, and at each stage of analysis, combines two clusters based on proximity within the map until all statements are combined into one cluster (Aldenderfer & Blashfield, 1984). The combination of clusters is based on the similarity of statements, and similarity is demonstrated through the distance between each on the point map. Each cluster is assigned an average bridging index based on the indexes of each statement within the cluster, in which the numbers closest to 0 indicate that the statements grouped together were unique to that cluster and numbers closest to 1 indicate that the statements bridged or were sorted by participants more frequently with statements in other clusters in more than one cluster.

The fifth step determines the number of clusters for the final map (Jackson & Trochim, 2002). To do this, cluster solutions for numbers of clusters from 15 to 4 were reviewed. At each step, the average bridging index and number of statements included in each cluster were reviewed to assist with deciding which cluster solution fit the data best. The
conceptual similarity among the statements in a cluster and differences between clusters and low average bridging indexes informed the decision. The six-cluster solution was chosen as it was found to fit these criteria best.

Each of the six clusters was assigned a label using the included statements and the labels generated by participants during their independent sorting as well as the researchers’ interpretation of which one best fit the overall theme of the group of statements. The final six clusters included accessibility to counselling services, providing advocacy and resources, addressing basic needs, therapeutic approaches, therapeutic relationship, and understanding barriers. The final cluster map and groups of statements were reviewed in relation to the original research question to determine the practices that have been found helpful to the counselling process and to make recommendations for improvement in practice and mental health services when working with clients with low income.
Chapter 4

4 Results

A concept map (see Fig. 1) for the question “What have you found to be the most helpful aspects of counselling with clients facing low income?” was created based on statements generated and sorted by participants who completed the individual interviews. Twenty-nine participants sorted a total of 85 statements (see Table 1). The numbered points on the map correspond to a statement in Table 1. A total of 6 concepts were identified: Accessibility to Counselling Services, Providing Advocacy and Resources, Addressing Basic Needs, Therapeutic Approaches, Therapeutic Relationship, and Understanding Barriers.

![Figure 1: Concept Map](image)

Concept Map of the Statements for the Question: “What have you found to the most helpful aspects of counselling with clients facing low income?”

Table 1: Concepts and Statements
### Concepts and Statements for the Question: What have you found to the most helpful aspects of counselling with clients facing low income?

<table>
<thead>
<tr>
<th>Concept</th>
<th>Statement</th>
<th>Bridging Index</th>
</tr>
</thead>
</table>
| **Accessibility to Counselling Services** | Concept mean: 0.19  
77. Flexible payment times and amounts.  
42. I think offering sliding scale has been really helpful.  
62. Offering evening appointments.  
1. Not having to get to a therapy office.  
38. Pro bono clients.  
69. Having enough clients who can pay the full rate, so I can see more clients on a sliding scale.  
11. Transportation.  
34. Being flexible to do phone or internet sessions.  
56. Willingness of an organization to do in person work or to do outreach work, to meet people in their communities and in places where they're at.  
5. Counseling within the community. | 0.02  
0.06  
0.07  
0.08  
0.14  
0.69  
0.16  
0.23  
0.43  
0.54 |
| **Providing Advocacy and Resources** | Concept mean: 0.67  
7. You need to really talk about what is an income issue and not counseling issue.  
16. Connect them with somebody who can advocate for them, but also who can help them navigate the system.  
40. Needing to have a larger understanding of the systems.  
28. I do a lot of advocacy work to make sure that my clients don't have to be working a shitty job and struggling while they're in the midst of trying to process trauma. | 0.52  
0.60  
0.62  
0.67 |
2. Helping with physical sources of income, because it's hard to do personal counseling if you are hungry or don't have a place to live.  
68. Connecting my clients with resources.  
45. Creating support groups amongst themselves.  

<table>
<thead>
<tr>
<th>Addressing Basic Needs</th>
<th>Concept mean: 0.5</th>
</tr>
</thead>
<tbody>
<tr>
<td>46. Pulling out Maslow’s Hierarchy of Needs and asking clients where do you think you are on this hierarchy of needs?</td>
<td>0.20</td>
</tr>
<tr>
<td>33. Offering those practical solutions.</td>
<td>0.27</td>
</tr>
<tr>
<td>50. Externalizing conversations around capitalism, and how that is negatively impacting your life and trying to remove that sense of this is my fault.</td>
<td>0.37</td>
</tr>
<tr>
<td>44. Self-guided and self-motivated homework tools such as worksheets.</td>
<td>0.39</td>
</tr>
<tr>
<td>47. Working on some more basic things before you're even ready for counseling.</td>
<td>0.39</td>
</tr>
<tr>
<td>84. Group counseling can be helpful depending on what their needs are.</td>
<td>0.49</td>
</tr>
<tr>
<td>17. Encouraging clients to look to their family and social supports.</td>
<td>0.63</td>
</tr>
<tr>
<td>6. Connecting people with each other.</td>
<td>0.73</td>
</tr>
<tr>
<td>53. Supervision has been tremendously helpful for me.</td>
<td>1.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Therapeutic Approaches</th>
<th>Concept mean: 0.11</th>
</tr>
</thead>
<tbody>
<tr>
<td>13. Positive psychology and solution focused work.</td>
<td>0.05</td>
</tr>
<tr>
<td>9. A lot of attachment work comes in.</td>
<td>0.07</td>
</tr>
<tr>
<td>27. A little bit of trauma psychoeducation.</td>
<td>0.07</td>
</tr>
<tr>
<td>74. Psychoeducation with the clients, so that they have a</td>
<td>0.7</td>
</tr>
</tbody>
</table>
greater understanding of what's happening internally.

54. You do more solution focused practical things.

24. Basic emotion regulation skills.

41. Helping recognize areas where some level of control can be taken over your life.

52. To be truthful, the modalities that I find I stick in the most are person-centered and cognitive.

75. Destigmatize some of the experiences that they might be having, to move the way the client locates their struggles from an internal issue to an external barrier that they face.

25. Self-compassion, recognizing that a lot of the things that happened to them, weren't their fault.

31. You spend a lot of time trying to help people accept what they can't change.

73. Taking an intersectional approach and recognize that, no two clients experiences of low income are the same.

85. Leaning on CBT, motivational interviewing for clients who are struggling with substances, and solution-focused or solution-focused brief therapy.

4. Distress tolerance.

23. Intentional time to step back and go, this is way bigger than just what's going on for you right here.

32. Figure out how to help them in the moment.

80. Focus on agency and identifying reasonable things to work towards.
14. Focusing on a client's current life situation and immediate goals.

26. Taking responsibility for their adult self, because we can get stuck in that sort of childlike narrative.

<table>
<thead>
<tr>
<th>Therapeutic Relationship</th>
<th>Concept mean: 0.08</th>
</tr>
</thead>
<tbody>
<tr>
<td>18. Validating their experience.</td>
<td>0</td>
</tr>
<tr>
<td>51. Holding space for acknowledging things are terrible.</td>
<td>0.01</td>
</tr>
<tr>
<td>39. Understanding where they are, their story.</td>
<td>0.01</td>
</tr>
<tr>
<td>66. Believing in them.</td>
<td>0.01</td>
</tr>
<tr>
<td>19. Accepting everything that they're saying at face value.</td>
<td>0.02</td>
</tr>
<tr>
<td>35. Accepting where they're at and then meeting them there.</td>
<td>0.02</td>
</tr>
<tr>
<td>82. I believe instilling hope is really important.</td>
<td>0.03</td>
</tr>
<tr>
<td>78. Boundaries are also really important.</td>
<td>0.04</td>
</tr>
<tr>
<td>21. I don't want to take away from the fact that people have to make very difficult choices.</td>
<td>0.05</td>
</tr>
<tr>
<td>22. Support people in making choices that are going to serve them and their values.</td>
<td>0.05</td>
</tr>
<tr>
<td>72. I'm more of a human with my client going through stuff versus I have the answers.</td>
<td>0.05</td>
</tr>
<tr>
<td>12. Affirmative statements that are not empty.</td>
<td>0.06</td>
</tr>
<tr>
<td>10. Understand the terminology and to not pathologize a natural response.</td>
<td>0.07</td>
</tr>
<tr>
<td>67. Giving them the safety that they need in order to be able to feel comfortable enough to share who they are.</td>
<td>0.07</td>
</tr>
<tr>
<td>36. Authentic relationships.</td>
<td>0.09</td>
</tr>
<tr>
<td>57. Empathy. Operate with love, kindness, validation.</td>
<td>0.09</td>
</tr>
</tbody>
</table>

Those things are so important.
People need to feel that they're heard.
3. Very reciprocal and collaborative. 0.10
55. Helpful for them to realize that they're still seen as people who also benefit from the services. 0.10
71. Being careful of that eagerness to save clients. 0.10
76. I certainly adjust my language so that I'm not using jargon or using unnecessarily complicated words or concepts, so I find ways to communicate those differently. 0.10
30. Being able to sit with them in their pain. 0.11
48. Help them see how strong and resilient they are. 0.11
81. Be yourself, no matter who you're with. And if you are, people feel respected because you're respecting yourself. 0.11
70. To have somebody come alongside and share that they've been there and they are able to understand. 0.12
59. Being honest when you can't relate on a personal level. 0.15
15. Really focus on zeroing in on what they're saying, what their facial expressions are and listening carefully to their voice and intonation. 0.17
60. Just the fact that I've been there and lived in their shoes and have many friends and family members who are in those shoes and having that compassion and empathy again. 0.17
64. Just getting feedback from them about how my practice can improve. 0.22
8. Learning from clients as well as being able to share with them. 0.26

<table>
<thead>
<tr>
<th>Understanding Barriers</th>
<th>Concept mean: 0.4</th>
</tr>
</thead>
<tbody>
<tr>
<td>49. Talking about how the system doesn't support you.</td>
<td>0.24</td>
</tr>
<tr>
<td>43. Just having a real sense of the unfairness of it, so I feel like I'm well positioned to help people in dismantling shame around low income and resisting stigma around that.</td>
<td>0.27</td>
</tr>
<tr>
<td>29. Acknowledging that poverty is a mental health issue.</td>
<td>0.29</td>
</tr>
<tr>
<td>37. I think understanding what they carry in their invisible backpack, what challenges face low-income clients, is certainly helpful in my counseling practice.</td>
<td>0.31</td>
</tr>
<tr>
<td>65. Being aware and sensitive to the stresses and strains that come with low income.</td>
<td>0.37</td>
</tr>
<tr>
<td>20. Acknowledge having awareness of the impact of financial stress and insecurity, and not taking away from the impact that has on people.</td>
<td>0.38</td>
</tr>
<tr>
<td>63. Having an awareness of the privilege that I have.</td>
<td>0.39</td>
</tr>
<tr>
<td>79. Part of it is advocacy. It strengthens the therapeutic relationship with clients when they see that I share a world view that they have in the sense of measuring worth outside of material wealth.</td>
<td>0.39</td>
</tr>
<tr>
<td>61. Being a strong advocate.</td>
<td>0.48</td>
</tr>
<tr>
<td>58. Being adaptable for client circumstances, like if the bus is late, they're going to be late.</td>
<td>0.64</td>
</tr>
<tr>
<td>83. Maximize the time that I have with them.</td>
<td>0.69</td>
</tr>
</tbody>
</table>
The distance between statements on the map (indicated by points) represents how often participants grouped the statement with other statements on the map. This is represented by the Bridging Indexes listed in the table. Bridging indexes range from 0.00 to 1.00 and indicate how often responses were grouped in the same concept or, alternatively, with other statements found in different concepts. A low bridging index, indicating that the statement was most often grouped in that same concept compared to other statements in other concepts, falls between 0.00 and 0.25. A high bridging index, indicating that the statement was often grouped with statements from various concepts, falls between 0.75 and 1.00.

## 4.1 Accessibility to Counselling Services

Participants discussed the importance of having flexible payment options, access to counselling services in the community, and offering different avenues to attend counselling sessions as ways to limit barriers to accessing mental health care often faced by individuals living with low income. Participants discussed the benefits of offering different avenues for service to allow clients to receive services in ways that fit with their lifestyle, such as virtual options and appointment times outside of the traditional nine-to-five workdays. These ideas were reflected in the statements: “not having to get to a therapy office,” “transportation,” “being flexible to do phone or internet sessions,” and “offering evening appointments.” Having flexible payment options was also seen as being helpful for clients facing low income, which was highlighted in the statements: “pro bono clients,” “I think offering sliding scale has been really helpful,” and “flexible payment times and amounts.” The statement “having enough clients who can pay the full rate, so I can see more clients on a sliding scale” was also included as a way for counsellors themselves to be able to afford to offer flexible payment options for clients with low income. In addition to the options that counsellors can provide to increase accessibility, working in the community where these clients are located was identified as another way to make services more readily available to them. This was identified in the statements: “counselling within the community” and “willingness of an organization to do in-person work or to do outreach work, to meet people in their communities and in places where they’re at.”
This concept had a bridging index of 0.19, demonstrating that participants often grouped these statements together and rarely with statements in other concepts. The statements “offering evening appointments” (0.07), “not having to get to a therapy office” (0.08), “flexible payment times and amounts” (0.02) and “I think offering sliding scale has been really helpful” (0.06) had the lowest bridging indexes indicating that they were most central to this concept.

4.2 Providing Advocacy and Resources

Counsellors address the need to support clients beyond the therapeutic process by advocating for their needs and finding community resources to help with challenges related to income outside of what can be provided during the therapeutic process. Counsellors described advocacy efforts as something that can be done by the counsellor themselves or through referrals within the community, as indicated in the statements: “connect them with somebody who can advocate for them, but also who can help them navigate the system” and “I do a lot of advocacy work to make sure that my clients don't have to be working a shitty job and struggling while they're trying to process trauma.”

Providing resources for clients sometimes looked like first focusing on the issue of living with low income before the client could fully engage in the therapeutic process. This was explained through the statements: “helping with physical sources of income because it's hard to do personal counselling if you are hungry or don't have a place to live” and “you need to really talk about what is an income issue and not a counselling issue.” However, the term resources was used more broadly in the statement “connecting my clients with resources” to capture supporting clients' various needs outside of just income. The statement “needing to have a larger understanding of the systems” highlighted the importance of a counsellor’s professional competence in being aware of what resources exist and how systems work to support various client needs better. As part of providing those resources for clients, finding options for connection with others who share similar experiences was seen as helpful for clients living with low income, which was evident in the statement “creating support groups amongst themselves.”
Within this concept, all individual statements had a bridging index ranging between 0.52 and 0.82, meaning that these statements were not as unique to this concept and had been grouped with statements from other concepts. This concept had the highest average bridging index at 0.67. The most central statements to this concept were “you need to talk about what is an income issue and not counseling issue” (0.52), “connect them with somebody who can advocate for them, but also who can help them navigate the system” (0.60), and “needing to have a larger understanding of the systems” (0.62). Despite having the highest bridging index, the statements represent a central idea of the need for advocacy and resources to be a part of the therapeutic process to best support clients living with low income.

4.3 Addressing Basic Needs

Counsellors spoke about the importance of addressing basic needs as part of the therapeutic process and how these can often be at the forefront of therapy before moving into deeper work with the client. These basic needs include those a part of Maslow’s Hierarchy of Needs, connection with others, focusing on what is in the client’s control, and counsellor needs outside of the therapeutic process. This central idea of addressing basic needs was evident in the statements: “pulling out Maslow's Hierarchy of Needs and asking clients where do you think you are on this hierarchy of needs?” and “working on some more basic things before you're even ready for counselling.” As part of addressing those basic needs, connection with friends and family, as well as with those in similar situations, was found to help create community and support for clients facing low income. This was indicated in the statements: “connecting people with each other,” “encouraging clients to look to their family and social supports,” and “group counselling can be helpful depending on what their needs are.”

Outside of helping clients address their basic needs, counsellors also offered insight into how assisting clients in determining what is in their control can often contribute to ensuring their basic needs are met while providing clients with the skills needed to address them. This included “offering those practical solutions,” “self-guided and self-motivated homework tools such as worksheets,” and “externalizing conversations around capitalism, and how that is negatively impacting your life and trying to remove that sense
of this is my fault.” Lastly, counsellor needs were included within this concept, where supervision was noted as helpful in supporting clients living with low income, through the statement “supervision has been tremendously helpful for me.” This statement had a bridging index of 1.00, meaning it was the least central to the theme of the concept.

The average bridging index for this concept was 0.5, indicating that some statements in this concept were grouped together often by participants, and others were grouped with statements in other concepts. The lowest individual bridging indexes, indicating the statements that were often grouped together by participants and therefore central to this concept, were “pulling out Maslow's Hierarchy of Needs and asking clients where do you think you are on this hierarchy of needs?” (0.20) and “offering practical solutions” (0.27).

### 4.4 Therapeutic Approaches

Counsellors discussed interventions that have been helpful in their work with clients facing low income, highlighting the specific considerations and approaches that can be useful for this population within the counselling space since they often face issues outside the client’s control. Solution-focused work has been found helpful within the counselling space, as evidenced by the statements: “positive psychology and solution-focused work” and “you do more solution-focused practical things.” Counsellors described solution-focused work as helpful because it provides tools to help clients identify what situations they have control over in their lives to change. This was articulated in the statements: “figure out how to help them in the moment,” “helping recognize areas where some level of control can be taken over your life,” “focusing on a client's current life situation and immediate goals” and “focus on agency and identifying reasonable things to work towards.”

When working with clients who may not have control over certain situations, specific tools and skills were brought up as helpful in providing coping skills for them. This included “distress tolerance,” “basic emotion regulation skills,” and “psychoeducation with the clients so that they have a greater understanding of what's happening internally.” In addition, therapeutic modalities that counsellors found beneficial within the counselling space were attachment work, CBT, trauma work and motivational
interviewing. This was identified in the statements: “a lot of attachment work comes in,” “a little bit of trauma psychoeducation,” “leaning on CBT, motivational interviewing for clients who are struggling with substances, and solution-focused or solution-focused brief therapy.”

With clients who live with low income and are experiencing many challenges that are outside of their control, counsellors discussed how destigmatizing the client’s own experience can instill hope and provide a space for them to feel understood. This included teaching self-compassion and helping them recognize what challenges they face are internal versus external before learning the tools and skills to cope with those that are internal. Counsellors discussed destigmatizing client experiences through the statements “intentional time to step back and go, this is way bigger than just what's going on for you right here,” “self-compassion, recognizing that a lot of the things that happened to them, weren't their fault” and “destigmatize some of the experiences that they might be having, to move the way the client locates their struggles from an internal issue to an external barrier that they face.”

In addition to identifying challenges within the client’s control, acceptance work for the things that a client cannot control, especially concerning living with low income, was found to be beneficial, as mentioned in the statements: “taking responsibility for their adult self, because we can get stuck in that sort of childlike narrative” and “you spend a lot of time trying to help people accept what they can't change.” When considering the therapeutic process overall, a client-centred approach to therapy was found to be helpful for both the client and the counsellor in reminding them that every client situation is different, even when facing similar challenges. This was referenced in the statements: “to be truthful, the modalities that I find I stick in the most are person-centered and cognitive” and “taking an intersectional approach and recognize that, no two clients’ experiences of low income are the same”.

This concept has a low average bridging index of 0.1. The statements included within the concept had individual bridging indexes below 0.24, indicating that these statements were often grouped together and were not commonly grouped with statements in other
concepts. Most central to this concept were the statements “positive psychology and solution-focused work” (0.05), “a lot of attachment work comes in” (0.07), “a little bit of trauma psychoeducation” (0.07), and “psychoeducation with the clients, so that they have a greater understanding of what’s happening internally” (0.07).

4.5 Therapeutic Relationship

Although research has shown that the therapeutic relationship is an important part of the therapeutic process, counsellors talked about specific considerations and aspects of the relationship that can be helpful when working with individuals with low income. To start, counsellors described the importance of working together as a team with the client in the statements: “very reciprocal and collaborative,” “learning from clients as well as being able to share with them,” and “authentic relationships.” Counsellors talked about how self-disclosure can help show the client how you can relate to and understand their experience, as described in the statements: “to have somebody come alongside and share that they’ve been there and they are able to understand” and “I’m more of a human with my client going through stuff versus I have the answers.” However, it was also noted that boundaries and being honest about when you cannot understand their experience is important to maintain an authentic relationship, which was evident in the statements: “being honest when you can't relate on a personal level” and “boundaries are also really important.” The statements “accepting where they're at and then meeting them there” and “just getting feedback from them about how my practice can improve” highlighted the importance of ensuring the client has autonomy within the therapeutic relationship, which can include the focus of the sessions and being able to provide feedback about their experience, which can be important for individuals who may not feel in control over other aspects of their life.

Empathy and unconditional positive regard were mentioned throughout the interviews as a benefit to the counselling process. Since clients with low income often face barriers to accessing services, unconditional positive regard and empathy can empower them and make them feel understood. This was evident in the statements: “affirmative statements that are not empty,” “understanding where they are, their story,” “help them see how strong and resilient they are”, “empathy. Operate with love, kindness, validation. Those
things are so important. People need to feel that they're heard”, and “just the fact that I've been there and lived in their shoes and have many friends and family members who are in those shoes and having that compassion and empathy again.” Additionally, validation and instilling hope were noted as helpful to the therapeutic relationship, as seen in the statements: “validating their experience,” “helpful for them to realize that they're still seen as people who also benefit from the services,” “believing in them” and “I believe instilling hope is really important.”

Counsellors talked about different types of communication that can positively impact the therapeutic relationship, both through listening and talking. Language was highlighted as an important communication skill to avoid sounding too clinical or formal, which can lead to pathologizing the client and their situation. This was evident in the statements “understand the terminology and to not pathologize a natural response” and “I certainly adjust my language so that I'm not using jargon or unnecessarily complicated words or concepts, so I find ways to communicate those differently.” In addition to language, how counsellors listen to and understand clients with low income can impact the therapeutic work, especially considering the lack of power this population often faces in other aspects of their lives. The statements “really focus on zeroing in on what they're saying, what their facial expressions are and listening carefully to their voice and intonation” and “accepting everything that they're saying at face value” highlights the importance of taking the time to listen and understand within the therapeutic relationship. The statements “being able to sit with them in their pain,” “holding space for acknowledging things are terrible,” and “giving them the safety that they need to be able to feel comfortable enough to share who they are” all describe another aspect of communication, which is the presence of support in a safe space that allows them to speak freely, to be heard and to be understood.

Problem-solving was seen as another important aspect of the therapeutic relationship, in supporting clients with decision making, evident in the statements: “I don't want to take away from the fact that people have to make very difficult choices” and “support people in making choices that are going to serve them and their values.” Lastly, counsellors highlighted some important considerations for counsellors when discussing the
therapeutic relationship about self-care and being aware of your therapeutic role within the relationship, as identified in the statements: “being careful of that eagerness to save clients” and “be yourself, no matter who you’re with. And if you are, people feel respected because you’re respecting yourself”.

This concept has the lowest average bridging index of all six concepts. This concept has a bridging index of 0.08, indicating that the statements within the concept were often grouped together and rarely grouped with statements in other concepts. The statements most central to this concept were “validating their experience” (0), “understanding where they are, their story” (0.01), “holding space for acknowledging things are terrible” (0.01), and “believing in them” (0.01).

### 4.6 Understanding Barriers

To best help clients living with low income, counsellors talked about the need to understand the unique challenges and barriers this population faces, including barriers to service, challenges associated with low income, and stigma around low income, as well as providing advocacy to help overcome these barriers. To better understand the experiences of clients with low income, counsellors need to have an understanding of the challenges faced by this population, as discussed in the statements: “I think understanding what they carry in their invisible backpack, what challenges face low-income clients, is certainly helpful in my counseling practice,” “talking about how the system doesn't support you” and “being aware and sensitive to the stresses and strains that come with low income.” This understanding can then bring awareness to counsellors of the barriers faced by low-income clients, including barriers to receiving services such as transportation or publicly funded short-term services. This was acknowledged in the statements: “being adaptable for client circumstances, like if the bus is late, they're going to be late” and “maximize the time that I have with them.”

In addition to recognizing barriers, understanding and acknowledging the stigma around low income is important to consider within the therapeutic space. This was highlighted as helpful to the therapeutic process in the statements “acknowledge having awareness of the impact of financial stress and insecurity, and not taking away from the impact that has
on people,” “acknowledging that poverty is a mental health issue,” and “just having a real sense of the unfairness of it, so I feel like I'm well positioned to help people in dismantling shame around low income and resisting stigma around that.” With this understanding of the challenges and barriers comes a responsibility on the counsellor to become an advocate for their client to help empower them, as described by counsellors in the statements: “being a strong advocate” and “part of it is advocacy. It strengthens the therapeutic relationship with clients when they see that I share a world view that they have in the sense of measuring worth outside of material wealth”. Part of that advocacy includes understanding one’s own privilege, especially within the context of the therapeutic space, as evident in the statement “having an awareness of the privilege that I have.”

The average bridging index for this concept was 0.4, indicating that most statements were central to this concept and some were less central, meaning they were sometimes grouped with statements in other concepts. The most central statements to this concept were “talking about how the system doesn't support you” (0.24), “just having a real sense of the unfairness of it, so I feel like I'm well positioned to help people in dismantling shame around low income and resisting stigma around that” (0.27), and “acknowledging that poverty is a mental health issue” (0.29). The least central statements to this concept, but still aligned with the concept’s theme, were “being adaptable for client circumstances, like if the bus is late, they're going to be late” (0.64) and “maximize the time that I have with them” (0.69).
Chapter 5

5 Discussion

The present study explored Canadian counsellors’ perspectives of what is helpful within the counselling process when working with clients with low income. Counsellors answered the question, “What have you found to be the most helpful aspects of counselling with clients facing low income?” and then sorted the unique interview responses into groups of similar concepts. A total of 6 concepts were identified: accessibility to counselling services, providing advocacy and resources, addressing basic needs, therapeutic approaches, therapeutic relationship, and understanding barriers. The following discussion will compare these findings with the available literature.

5.1 Accessibility to Counselling Services

Accessibility to counselling services was a concept identified within the present study that shares many similarities with the current literature. During the interviews, counsellors identified that offering different avenues for service, including virtual sessions, sessions in the evening, and meeting clients in the community, were helpful for clients with low income and helped reduce barriers such as transportation in both cost and travel time. This is supported in the literature, where research has found that offering teletherapy options, including phone and video, increases accessibility to clients living with low income, who often rely on transportation and childcare to attend in-office appointments (Katzow et al., 2020). In addition, Frank et al. (2021) found that offering virtual appointments leads to greater attendance and reduced cancellations, which can be attributed to increased flexibility in scheduling to fit the client’s lifestyle. Regarding the cost of sessions, awareness of counsellors’ attitudes and beliefs about income was highlighted in the literature as important to ensuring counsellors are not only comfortable discussing this topic with clients but are aware of their attitudes regarding finances in relation to their work (Apostolopoulou, 2013). While not directly discussed, counsellors did refer to ways that allow them to see clients with low income within their practice, such as having enough clients who can pay the full fee to have the financial flexibility to see clients who cannot afford the full fee for services.
Although virtual options for counselling appointments were identified as helpful by counsellors, with the rise of virtual mental health options still relatively new and developing, the literature on this topic is limited. The current study provides additional evidence to support the use of virtual options to increase accessibility to services. Yet, some additional considerations still need to be made when working with low-income populations. Robledo Yamamoto and colleagues (2021) found that virtual therapy options can still present barriers for vulnerable populations, including those living in rural communities and who do not have access to reliable technology. This difference between the literature and results of the current study could be due to differences in populations seen by the counsellors included in this study. The current study did not define the term low income, allowing counsellors to share their thoughts and experiences based on their own interpretations of low income that their clients identified. Flexibility with payment for services was also discussed as a way for counsellors to make counselling services more accessible for clients living with low income. This included flexible payment options, sliding scales, and offering pro bono work. This was somewhat inconsistent with the literature. Although reducing financial barriers has been identified from the client’s perspective as helpful within counselling (Campo et al., 2015), some research has found that the cost of services, even when matched to the client’s income, can cause extra financial strain on individuals with low income who already experience stress from limited income and resources (Falconnier, 2009; Hampton-Robb et al., 2003). Therefore, the benefit of flexibility in service cost can depend on the client and their specific income situation.

5.2 Providing Advocacy and Resources

Counsellors expressed the benefit of including advocacy work within the therapeutic space for clients living with low income through both connections with community resources and by the counsellor on behalf of the client as part of the therapeutic process. This is consistent with the literature in which advocacy work was just as beneficial as therapeutic interventions (Berzins et al., 2018). For example, Kozan & Blustein (2018) found that counsellors viewed advocacy as a necessary part of the counselling experience to support marginalized communities. To be able to provide support to clients through
advocacy and resources, counsellors within the present study identified that having an understanding of the systems, including their barriers and accessibility, is necessary to be able to fulfill that advocacy part of the role. This was reflected in the findings by Kiselica & Robinson (2001), who discussed the importance of counsellors understanding and considering the various systems within society and how those contribute, positively or negatively, to client challenges.

While advocacy has been highlighted as a helpful part of the therapeutic role, there are conflicting views about the feasibility of implementing advocacy into the counselling role. For example, some clinicians found that advocacy, including building and sustaining connections with community resources, organizations, and other professionals, was important to serve better clients who may face barriers to receiving support and resources. Some found it challenging to implement advocacy into their role due to system-level barriers within society (Kozan & Blustein, 2018). However, counsellors within the present study recognized the challenges in engaging in counselling work when other issues hinder the client’s ability to engage, rendering this advocacy necessary, even when it is hard to navigate. This is supported by the statements “helping with physical sources of income because it's hard to do personal counselling if you are hungry or don't have a place to live” and “you need to really talk about what is an income issue and not a counselling issue.” Compared to the literature, other resources have been found beneficial and desired by clients facing low income, including health care, exercise and leisure, and volunteer opportunities (Niegocki et al., 2012). While finding and providing resources directly related to income challenges can be important for clients facing low income, it is also important for clinicians to ask their clients what would be most beneficial to overcoming their challenges. This can include other solutions, such as free or low-cost options for opportunities that can provide clients with connection or purpose.

5.3 Addressing Basic Needs

Counsellors identified the benefit of addressing basic needs throughout the counselling process, which include those that fall within Maslow’s Hierarchy of Needs, connection, and developing autonomy. These findings are consistent with the literature, in which unmet needs have been found to influence behaviour and coping skills and that
addressing those needs can help clients make purposeful changes in their lives (Baer et al., 2012; Flanagan, 2010). Flanagan (2010) identified six basic needs that humans are motivated to fill (desirability, change, autonomy, self-comprehension, stability, and connection) and, when not filled, cause troublesome behaviours and emotions. These six basic needs mirror the ones discussed by the counsellors within the present study, such as ones addressed in the statements: “connecting people with each other” and “externalizing conversations around capitalism, and how that is negatively impacting your life and trying to remove that sense of this is my fault.” Additionally, having basic needs met during the therapy process has been correlated with reduced early therapy termination (Keleher et al., 2019). This further indicates that addressing basic needs within the therapeutic space can lead to positive engagement within the process.

Although the findings of this concept have been comparable to the literature on this topic, a difference that does exist is the distinction between what can be done within the counselling space and what can be provided only through resources and referrals. For example, Lonn & Dantzler (2017) discuss the benefit of using Maslow’s Hierarchy of Needs with refugees in counselling as a way to identify where counsellors can advocate for their clients to ensure those needs are being met since addressing some of those needs will fall outside of the counsellor’s scope of practice. However, consistent with the present findings, they also discuss how identifying needs can allow the counsellor to help clients develop self-advocacy skills to meet those needs (Lonn & Dantzler, 2017). In addition, McCord et al. (2015) highlight the importance of counsellors’ awareness of working within their scope of practice when working with low-income populations whose needs are often complex and challenging due to limited resources and structural barriers they typically face. However, the present study presents a case for the benefit of addressing those basic needs with clients as part of the therapeutic process. Counsellors discussed the benefit of working with clients to find practical solutions to their basic needs, not as something external to the therapeutic process but as something integrated into the work done with the client.
5.4 Therapeutic Approaches

Counsellors identified a wide range of helpful therapeutic approaches for clients facing low income, including solution-focused work, acceptance, client-centred, and destigmatizing experiences. In addition, approaches such as psychoeducation and emotion regulation were identified as helpful for this population, similar to the findings by Chui and colleagues (2020). Specifically, Chui and colleagues (2020) interviewed therapists on what they found helpful when working with clients with low income, and helping clients identify and name emotions was acknowledged as helpful for those who did not previously have the knowledge or vocabulary to name and identify how they were feeling. Many of the therapeutic approaches discussed by counsellors within the present study were reflected within the literature, in which focusing on helping clients gain insight into their current situations, as well as their own strengths and coping skills available to help them overcome challenges were found to be helpful (Appio et al., 2013). Similarly, gaining insight and learning tools and skills that could be applied to real-time situations have been identified as beneficial from the perspective of clients living with low income (Payne et al., 2015). The current research supports the literature in the findings that solution-focused and client-centred approaches can provide helpful tools and insight for clients facing challenges associated with low income.

While some research has found these client-centred and solution-focused approaches helpful, especially when considering the barriers many low-income populations face, others have found that some clients prefer more directive therapeutic interventions (Vybíral et al., 2023). For example, clients with low income were asked what they wished were different about their previous therapy experiences, and some identified wanting more direction and structure, such as homework or specific interventions integrated into sessions (Chui et al., 2020). These differences in findings could be due to the nuances of therapeutic interventions, in that people have different expectations and preferences for their therapeutic experience. However, the current study also highlights that regardless of the intervention used, foundational therapeutic skills such as compassion, empathy and unconditional positive regard can still positively impact the change process when working with clients with low income.
5.5 Therapeutic Relationship

Aspects of the therapeutic alliance were identified as facilitators to the therapeutic process when working with clients with low income. Counsellors highlighted important aspects of creating a strong therapeutic alliance, such as empathy, validation, communication, and authentic relationships, which can lead to feelings of safety, acceptance, and power in clients facing low income. For developing authentic relationships, counsellors described the importance of shared power within the therapeutic space through collaboration and learning from the client. This is supported in the literature, in which Trott & Reeves (2018) warn counsellors to be aware of the power dynamic within the therapeutic alliance, in which making assumptions about clients with low income and the challenges they face can reinforce the internalized oppression often felt by this population. When explored from the client’s perspective, research has found that working in collaboration with the client, being mindful of their use of words or pathologizing language, and using self-disclosure were ways that counsellors have made clients feel empowered and comfortable within the therapeutic process (Pugach & Goodman, 2015). This is especially important considering this population’s lack of power within society (Balmforth, 2009). When clients feel validated and comfortable, and counsellors show ways they can relate to them, authentic relationships develop in which power is equalized between both parties. In addition, research has found that providing empathetic understanding and unconditional positive regard can provide a foundation of trust and support within the therapeutic relationship, which can lead to increased motivation within the client to make positive changes (Overholser, 2016). This reflects some of the ideas shared by counsellors, including providing safety in a space that allows clients to feel heard and understood through empathy and validation.

One aspect of the therapeutic relationship not discussed by counsellors within the present study was acknowledging social class differences with clients facing low income, despite its noted importance for developing the therapeutic alliance within the literature (Thompson et al., 2012). Within the present study, counsellors discussed the benefit of disclosing when they could not relate to a client’s experience or disclosing when they could relate on a personal level. However, acknowledging social class differences that
could exist between the counsellor and client did not directly come up as a helpful aspect of the counselling process. This lack of direct acknowledgement was interesting, considering past research findings. For example, Kim and Cardemil (2012) found that while uncomfortable, acknowledging social class differences with clients can improve the authenticity of the relationship and empower clients to be experts in their own lives by allowing them the opportunity to tell counsellors about their own experiences and challenges. However, counsellors within the current study were still able to find ways to create authentic therapeutic relationships with clients through unconditional positive regard, collaboration, and holding space to support, listen to, and understand their clients and their unique challenges.

5.6 Understanding Barriers

Within the last concept, counsellors discuss understanding the various barriers that individuals with low income face, including systemic barriers, barriers to therapeutic improvement caused by financial stress, as well as the stigma associated with low income and mental health. Levy & O’Hara (2010) highlight similar findings of understanding and reducing barriers to service for clients living with low income since this population often faces barriers to receiving support and faces stigma against them within society due to their economic status and history. In addition, counsellors within the present study discussed how dismantling shame around low income and acknowledging the external barriers that often contribute to their challenges were helpful in the therapeutic process. Understanding the barriers experienced by individuals with low income can be a crucial first step in helping clients feel motivated and empowered to engage in the therapeutic process by reducing the stigma and shame often felt by this population. This idea is supported within the literature, where acknowledging and bringing about awareness of the barriers and challenges that low-income populations face can help promote agency within clients (Dass-Brailsford, 2012; Gorlin & Békés, 2021). Similarly, external stress can influence mental health symptoms and challenges, and so acknowledging those external stressors and their effect on mental health can help reduce internalized stigma and self-blame with clients during the therapeutic process (Wadsworth, 2012). This was reflected by counsellors within the present study, such as in the statements:
“acknowledging that poverty is a mental health issue” and “being aware and sensitive to
the stresses and strains that come with low income.”

The idea of understanding barriers related to the intersectionality of income with other
aspects of one’s identity has been found in the literature but not discussed by counsellors
within this study. For example, Levy and O’Hara (2010) emphasize the importance of
cultural competency when working with low-income women, as culture can influence
how someone experiences mental health and the barriers they face, as well as can impact
options for beneficial therapeutic interventions. Although counsellors did not explicitly
mention cultural competency during the interviews, counsellors did discuss the benefit of
acknowledging stigma and unfair systems and being aware of their own privilege in
relation to their work with clients. Ultimately, awareness of the intersectionality of
clients’ various identities is an important consideration when addressing barriers and
destigmatizing client experiences during the therapeutic process.

5.7 Summary of Similarities and Differences

Overall, the findings of this study were consistent with what has been found in the
literature as helpful to the counselling process for clients with low income. This study
was consistent with prior findings from a counsellor’s perspective. Similar to what has
been found within the literature, increased accessibility to therapeutic services through
flexibility with appointments, advocacy work that included resources and understanding
client barriers, and addressing basic needs within the therapeutic space were all found to
help reduce barriers often faced by this population. Reducing barriers can then make
room for clients to actively engage in the therapeutic process without the additional stress
of unmet needs or transportation challenges. Additionally, authentic therapeutic
relationships built on a foundation of empathy, trust, and a balanced power dynamic,
paired with a client-centred, solution-focused approach, were identified as helpful when
considering interventions and the therapeutic alliance for clients living with low income
both within previous research and this study. These helpful identified aspects provide a
space that promotes agency, resilience and safety that works to counteract the challenges,
 stigma and powerlessness that low-income populations often face within society.
Inconsistent with the literature was the acknowledgment of what was feasible and within the scope of the therapeutic role when providing advocacy, resources, and solutions for clients. The current study acknowledged that the role of advocacy could include connecting clients with other organizations and support systems. Still, unlike the literature, counsellors did not discuss the limitations of an advocacy role and how that can change depending on the type of work the counsellor engages in. Additionally, the current study emphasized the importance of considering external issues and basic needs as a mental health issue rather than separating basic needs from mental health concerns. For example, the current literature discusses the importance of acknowledging income challenges during the therapeutic process and often recommends the use of validation, understanding, strength-based approaches and coping skills as helpful in addressing challenges faced by clients with low income. Counsellors within the present study identified similar techniques. Still, they added the importance of addressing basic needs directly within the counselling space to help clients fully engage in the therapeutic process to facilitate change. Counsellors discussed how unmet needs and income challenges can directly affect a client’s ability to engage in therapy and that helping clients address those challenges and needs can benefit both the client’s circumstances and the work being done within the counselling space.

5.8 Conclusion

While the results of this study are consistent with what the current literature has identified as helpful within the therapeutic process when working with clients facing low income, the counsellors’ perspective further contributes to this body of work by providing an alternate perspective of what has been found to work through practice-based evidence. The current findings not only support the literature, which has primarily focused on the client’s perspective, but provide additional insight from counsellors who have experience working with this population. Adding counsellors’ perspectives provides insight into approaches and interventions that have been found to be helpful from the experience of working with clients facing low income and can offer practical approaches to current and future clinicians to implement into their work. Clients facing low income can often face a multitude of challenges and stressors that contribute to and exacerbate their mental and
physical health challenges. Even when resources are available, the stigma they carry can affect their ability to actively engage in utilizing them. The current research findings provide practices that clinicians can follow to ensure that they are providing anti-oppressive services that keep these considerations at the forefront of their work.

5.9 Recommendations

The present study aimed to identify practice-based evidence of what counsellors have found to be helpful in counselling when working with clients living with low income. The results of this study, combined with the findings of previous literature, can form evidence for recommendations to improve services for clients facing low income. These recommendations have implications for counselling and research, and as such, both will be discussed.

5.9.1 Counselling

The current research and literature findings highlight the unique and complex challenges that low-income populations face, which can often be present within the counselling space. Furthermore, these challenges can directly and indirectly affect mental health concerns, making them difficult to separate from the therapeutic process. The findings from this study can add to the growing knowledge of anti-oppressive practice within counselling that current and future practitioners can use. For example, the concepts identified can provide recommendations for practitioners to increase flexibility within their services, such as offering in-person and virtual options, understanding transportation challenges, providing evening appointments and allowing for flexible payment options when feasible. The findings of this study also offer recommendations for practices that counsellors can implement into their work to ensure their clients feel supported and in control and provide practical, solution-focused skills to help combat feelings around internalized stigma and shame often felt by low-income populations. Recommendations can be made for both the therapeutic relationship and interventions found to be helpful to clients with low income, such as using client-centred approaches that center on empathy, agency, acceptance, destigmatizing experiences, collaboration, and safety.
In addition, these results highlight that it is often not enough for counsellors to focus on internal challenges when external barriers and needs are tied to the mental health concerns faced by individuals with low income. This is supported by the literature in which acknowledging unmet needs within the counselling space and using the therapeutic process to help clients meet those needs can be just as important as therapeutic interventions focusing on internal work. Therefore, it is recommended that practitioners act as advocates for their clients, including through awareness of available resources, community outreach on behalf of their clients, and taking the time to understand the complexities of the systems this population often interacts with. By implementing the practices into the counselling space, practitioners can begin to build trust and safety within the therapeutic relationship to then work with their clients to overcome mental health challenges.

5.9.2 Research

The present study is one of the few that explore the helpful aspects of counselling with clients living with low income from the counsellor’s perspective. One recommendation from the current research is to utilize a research model that allows participants to be a part of the data analysis process. This allows participants to make meaningful contributions to the research while actively benefiting from the shared knowledge. Continuing to engage with counsellors who work with low-income populations allows for the data to be interpreted by individuals who have first-hand experience with the information and knowledge being shared and discussed.

Another recommendation is to continue exploring helpful aspects of counselling with clients with low income to provide further practice-based evidence for practitioners. The findings of the present study indicate that taking the time to understand and validate the many challenges and barriers faced by clients living with low income can be helpful to the therapeutic process, and even more so when the counsellor takes time to help clients address these barriers through advocacy and resources. Therefore, one recommendation for future research would be to continue to explore how counsellors have been able to help their clients find solutions to the barriers they may face. This can include exploring how counsellors have been able to help clients address their unmet needs and what has
been feasible for counsellors when assisting clients in overcoming barriers to other resources and services. Refining these helpful aspects of counselling allows for improvement in practice and training for current and future practitioners.
References


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Horn, S. D., & Gassaway, J. (2007). Practice-based evidence study design for comparative effectiveness research. *Medical Care, 45*(10), S50–S57. [https://doi.org/10.1097/MLR.0b013e318070c07b](https://doi.org/10.1097/MLR.0b013e318070c07b)


Kane, M., & Trochim, W. M. K. (Ed.) (2007). *Concept mapping for planning and evaluation [electronic resource]*. SAGE. doi: [https://dx.doi.org/10.4135/9781412983730](https://dx.doi.org/10.4135/9781412983730)


Overholser, J. C. (2016). When words are not enough: Psychotherapy with clients who are living below the poverty level. Journal of Contemporary Psychotherapy, 46(2), 89–96. https://doi.org/10.1007/s10879-015-9313-4


Robledo Yamamoto, F., Voids, A., & Voida, S. (2021). From therapy to teletherapy:


https://doi.org/10.1080/13557858.2017.1315374

https://doi.org/10.1080/10503307.2023.2226813

# Appendices

## Appendix A

**Recruitment Poster for Study**

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**REQUEST FOR PARTICIPATION BY COUNSELLORS IN CANADA**

**WHAT IS INVOLVED?:**
- Completion of an online survey that will take approximately 20 minutes and can be completed from your personal device.
- Subsequent invitation to complete a Zoom interview lasting 30-60 minutes.

**WHAT WILL I BE ASKED?:**
You will be asked questions about your:
- Social location
- View of the causes of low income
- The ways in which low income affects well-being
- The impact of the pandemic on accessibility to counselling for low-income clients

**WILL I BE COMPENSATED?:**
- Two IPads will be raffled as compensation for completing the survey.
- A $50 honorarium will be provided for participation in the interview.

**HOW DO I PARTICIPATE?:**
- Use the following link, accessible until May 2023: [https://uwo.eu.qualtrics.com/jfe/form/SV_BirNMZWVWyipMQW](https://uwo.eu.qualtrics.com/jfe/form/SV_BirNMZWVWyipMQW)
Appendix B
Ethics Approval

Date: 24 August 2022
To: Dr. Jason Brown
Project ID: 121415
Study Title: Impact of the COVID-19 Pandemic on Counselling with Low-Income Clients: Perspective of Service Providers
Short Title: Counselling with Low Income Clients: Impact of COVID-19
Application Type: NMREB Initial Application
Review Type: Delegated
Full Board Reporting Date: 09/Sep/2022
Date Approval Issued: 24/Aug/2022 16:22
REB Approval Expiry Date: 24/Aug/2023

Dear Dr. Jason Brown

The Western University Non Medical Research Ethics Board (NMREB) has reviewed and approved the WREM application form for the above mentioned study, as of the date noted above. NMREB approval for this study remains valid until the expiry date noted above, conditional to timely submission and acceptance of NMREB Continuing Ethics Review.

This research study is to be conducted by the investigator noted above. All other required institutional approvals and mandated training must also be obtained prior to the conduct of the study.

Documents Approved:

<table>
<thead>
<tr>
<th>Document Name</th>
<th>Document Type</th>
<th>Document Date</th>
<th>Document Version</th>
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<tr>
<td>Counsellor Interview Guide</td>
<td>Interview Guide</td>
<td>19/Jul/2022</td>
<td>1</td>
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<tr>
<td>Sorting Activity- Counsellor Instruction Script</td>
<td>Other Data Collection Instruments</td>
<td>19/Jul/2022</td>
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<tr>
<td>COVID/Counselling End of Study Template</td>
<td>End of Study Letter</td>
<td>19/Jul/2022</td>
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<td>Survey- Counsellor Email Recruitment Script</td>
<td>Recruitment Materials</td>
<td>19/Jul/2022</td>
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<tr>
<td>Counsellor Compensation Only Survey (Qualtrics) (version 2)</td>
<td>Online Survey</td>
<td>03/Aug/2022</td>
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<tr>
<td>Counsellor Interview Interest &amp; Compensation Survey (Qualtrics) (version 2)</td>
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<td>03/Aug/2022</td>
<td>2</td>
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<td>Counsellors Survey (Qualtrics) (Version 2)</td>
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<td>Counsellors Interview Only Survey</td>
<td>Online Survey</td>
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<tr>
<td>Interview- Counsellor Email Recruitment Script</td>
<td>Recruitment Materials</td>
<td>02/Aug/2022</td>
<td>2</td>
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<tr>
<td>Sorting- Counsellor email script</td>
<td>Recruitment Materials</td>
<td>02/Aug/2022</td>
<td>2</td>
</tr>
<tr>
<td>Phase 2 (interview and sorting) Letter of Information (Version 3)</td>
<td>Verbal Consent/Assent</td>
<td>22/Aug/2022</td>
<td>3</td>
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<tr>
<td>Phase 1 (Qualtrics) Letter of Information Consent (Version 3)</td>
<td>Implied Consent/Assent</td>
<td>22/Aug/2022</td>
<td>3</td>
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</table>

Documents Acknowledged:

<table>
<thead>
<tr>
<th>Document Name</th>
<th>Document Type</th>
<th>Document Date</th>
<th>Document Version</th>
</tr>
</thead>
<tbody>
<tr>
<td>Support Services</td>
<td>Other Materials</td>
<td>19/Jul/2022</td>
<td>1</td>
</tr>
</tbody>
</table>

No deviations from, or changes to the protocol should be initiated without prior written approval from the NMREB, except when necessary to eliminate immediate
Appendix B Continued

hazard(s) to study participants or when the change(s) involves only administrative or logistical aspects of the trial.

The Western University NREB operates in compliance with the Tri-Council Policy Statement Ethical Conduct for Research Involving Humans (TCPES2), the Ontario Personal Health Information Protection Act (PHIPA, 2004), and the applicable laws and regulations of Ontario. Members of the NREB who are named as Investigators in research studies do not participate in discussions related to, nor vote on such studies when they are presented to the REB. The NREB is registered with the U.S. Department of Health & Human Services under the IRB registration number IRB00000941.

Please do not hesitate to contact us if you have any questions.

Sincerely,

Ms. Zoë Levi, Research Ethics Officer on behalf of Dr. Randel Graham, NREB Chair

*Note: This correspondence includes an electronic signature (validation and approval via an online system that is compliant with all regulations).*
Appendix C
Interview Questions

ID __________

Date of Interview __________

Interviewer __________

Counsellors

Telephone Interview Guide

<table>
<thead>
<tr>
<th>Close-Ended Interview Questions</th>
</tr>
</thead>
</table>

1. **In what type of community do you currently reside?**

   Please choose only one of the following:

   - a. Remote/Northern
   - b. Rural
   - c. First Nations Community
   - d. Métis Settlement
   - e. Small Town (50,000 people or less)
   - f. Small City (50,001-500,000 people)
   - g. Large City (over 500,000 people)
   - h. Other (please specify): _____________

2. **In what province or territory do you live?**

   - a. Alberta
   - b. British Columbia
   - c. Manitoba
   - d. New Brunswick
   - e. Newfoundland and Labrador
   - f. Northwest Territories
   - g. Nova Scotia
   - h. Nunavut
   - i. Ontario
   - j. Prince Edward Island
   - k. Quebec,
   - l. Saskatchewan
3. In what province or territory do you normally work?
   a. Alberta
   b. British Columbia
   c. Manitoba
   d. New Brunswick
   e. Newfoundland and Labrador
   f. Northwest Territories
   g. Nova Scotia
   h. Nunavut
   i. Ontario
   j. Prince Edward Island
   k. Quebec,
   I. Saskatchewan
   m. Yukon
   n. Other: _____________

4. Are you First Nations, Métis or Inuk (Inuit)?

   Note: First Nations includes Status and Non-Status Indians.

   a. No
   b. Yes, First Nations
   c. Yes, Métis
   d. Yes, Inuk (Inuit)

5. What is your current employment status?

   Please choose all that apply:

   a. Working Full-time
   b. Working Part-time
   c. Self Employed
   d. Not Employed and Looking for Work
   e. Not Employed and Not Looking for Work
   f. Retired
   g. On leave
   h. Other: _____________

6. Which of these options best describes the location of your primary worksite?

   a. Remote/Northern
b. Rural

c. Metis Settlement

d. First Nations community

e. Home Office

f. Small Town (50,000 people or less)

g. Small City (50,001-500,000 people)

h. Large City (over 500,000 people)

i. Other: _______________

7. How do you meet your clients?
   a. in person
   b. virtual
   c. Both

8. For how many years have you been practicing your current profession?
   a. 0-5 years
   b. 6-10 years
   c. 10-15 years
   d. 16-20 years
   e. 21+ years

9. What is your employment Setting?

   _______________________________________

   E.g. Community Mental Health, Corrections, Education, Healthcare, Human Services, Private Practice, other

10. What is your Geographic Location?

   _______________________________________

   e.g. Urban/Rural

11. What is your registration Status?
   a. Regulatory bodies
   b. Professional associations
   c. Designations
   d. Other:
12. Please indicate the number of years since professional registration:  

13. Are you a NIHB provider? (non-insured health benefits)  
   a. Yes  
   b. No  

14. What Languages do you speak?  
   a. English  
   b. French  
   c. Sign Language  
   d. Other: ______________  

15. What is your age?  

16. What is the highest degree you have been awarded?  
   a. Diploma  
   b. Bachelors  
   c. Masters  
   d. Doctorate  
   e. Other: ______________  

17. What is your gender identity?  
   e.g. Agender, Cisgender Female, Cisgender Male, Genderqueer, Non-binary,  
   Transgender Female, Transgender Male, Prefer not to say  

18. What is your ethnic identity?
e.g. Canadian, Chinese, Dutch, East Indian, English, Filipino, French, German, Indigenous, Iranian, Irish, Italian, Jamaican, Korean, Pakistani, Polish, Portuguese, Scottish, Sri Lankan

19. What is your racial identity?

e.g. Black, East Asian, Indigenous, Latino, Middle Eastern, South Asian, Southeast Asian, White

20. What is your class identity?

 e.g. low, middle, upper middle, working class, working poor

21. What is your religious/spiritual identity (if any)?

 e.g., Christianity, Hinduism, Islam, Judaism, Sikhism

22. Do you identify as a person with a disability? If yes, how do you identify?
E.g., Deaf or hard of hearing, mental health conditions, physical disabilities, learning disabilities, etc.
   a. No
   b. Yes: ________________________

Open-Ended Interview Questions
1. In which categories do you believe you are advantaged or disadvantaged relative to the majority or dominant groups and why? Participants will also be asked:

2. How does your own experience with low income impact your counselling? (personal and professional)

3. What have you found to be the most helpful aspects of counselling with clients facing low income?

4. What have you found to be the least helpful aspects of counselling with clients facing low income?

5. How has the pandemic impacted your work with low-income clients? (access, relationship, continuity, funding, scheduling, helpfulness, usefulness, ....)

6. How does your experience supporting low-income clients impact your work outside of the counselling space? (advocacy, teaching, policy, community, politics,.........)
# Curriculum Vitae

**Name:** Skylar Rego

**Post-secondary Education and Degrees:**
- University of Guelph-Humber, Toronto, Ontario, Canada, 2015-2019 B.A.Sc
- The University of Western Ontario, London, Ontario, Canada, 2022-2024 M.A.

**Honours and Awards:**
- Social Science and Humanities Research Council (SSHRC) Canada Graduate Scholarship- Masters 2023-2024

**Related Work Experience:**
- Research Assistant, University of Guelph-Humber, 2018-2019
- Research Assistant, University of Guelph-Humber, 2019-2022
- Intake Associate, Peel Psychology and Therapy Centre, 2018-2023
- Research Assistant, University of Western Ontario, 2022-2023
- Counselling Intern, Daya Counselling Centre, 2023-2024

**Publications:**

**Conference Presentations:**
