Social Class Bias and the Clinical Relationship

Anthony Rivas, Ed.D., LAC, MAC
Bita Ashouri Rivas, Ed.D., LPC, NCC, ACS
Purpose of this Presentation

- Create an awareness of the following:
  - social class and social class bias in the US
  - the effects that social class has on individuals and their mental health

- Educate Supervisors/ Clinicians/ Clinicians in training to the adverse effect class bias can have on the therapeutic relationship.
Viktor Frankl (1959) stated,
A man who could not see the end of his
‘provisional existence’ was not able to aim at an ultimate goal. He ceased living for the future…
Therefore the whole structure of his inner life changed; signs of decay set in… The unemployed worker is in a similar position. His existence has become provisional and in a certain sense he cannot live for the future or aim at a goal (p. 70).
What is Social Class?

- An expression of socioeconomic status (SES)
- An expression of identity for every human being regardless of country of origin, ethnicity, or culture
- An undeniable reality with its implicit and overt rules of behavior as well as its social ramifications for breaching these conventions

(Borrego, 2003; Ishitani, 2003; Lenski, 1966; Ostrove, 1993; Wells & Zinn, 2004; Yeskel, 2008)
Social Class in the US

Social Class in the US is generally determined by:

- The individual’s current wealth (thus indicating that class is permeable and transient in nature)

Social Class is defined as:

- High or upper class, middle class, and low or lower class (Hollingshead & Redlich, 1958)
- These definitions exclusively refer to the member’s socioeconomic status (SES), ignoring education level or family of origin (except in certain interactions)

(Lenski, 1966; Ishitani, 2003; Wells & Zinn, 2004)
Implications of Social Class

- Social class in an inherent aspect of ‘being’
- Social class carries with it implicit and overt rules of behavior
- Boundaries and social ramifications for members of that particular class group
- According to Joellyn Ross, “Social class is one of the least discussed-most significant- issues in American life. Although rarely mentioned, perceptions of one’s social class status strongly affect how people feel about themselves, about others, and about their families” (Ross, 1995, p. 338)
Disparity of Life
American social class consists of three levels each consisting of three sublevels; lower, middle, and upper middle:

- Lower class (27% of the population) $9000-$18,999
- Working class (30% of the population) $19,000- $45,999
- Middle class (40% of the population) $46,000-$999,999
- Upper class (3% of the population) $1,000,000+

(Benokraitis, 2012, p. 141)
Federal Poverty Guidelines 2017

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What is Wealthy

- Net worth 83.9 Billion
- $83,900,000,000.00
- 2016 Colorado State budget $26.4 Billion
- Worth approx 3 times the Colorado State Budget
- Hourly it equates to $40,336,538.46 an hour
Poverty

- According to the Department of Health and Human Services, the 2017 Federal poverty line for a family of 4 is $24,600.00, for an individual it is $12,060.00.
- That equals roughly $11.82, or $5.79 an hour in earned wages.
- This line indicates that you can usually receive some sort of federal or local assistance.
At $7.25 an hour it will take you 5.15hrs of work to fill your car with 15 gal of gas @ $2.49 a gallon

It will take you a 0.79 hr of work to purchase one of the supersized meals that your are selling.
Class Consciousness
Class Consciousness

- Construction Foreman
- Police Officer
- Fireman
- Financial Advisor
- Graphic Designer
- College Administrator
- Maid
- Mason
What has Been Your Experience?

- Personal
- Professional
- Educational
- Case Studies
Importance of Understanding the Effects of Social Class Bias

- Social class bias in treatment is a fundamental issue that arises within the clinical relationship. This bias has been shown to impact treatment, diagnosis and prognosis (Cockerman, 2013). The rising rates of poverty as well as the rates of diagnosed mental illness (due to improved screening and early diagnosis) begs the question what can be done to improve the clinicians' ability to work through this bias as it occurs.

- This bias is developed through ‘class consciousness’. This has been shown to not only impact the clinician’s judgment but also the client’s expectations of treatment, follow-up/ follow through with treatment, client resistance, in addition to expectations from the clinician towards the client (Cockerman, 2013).
Importance of Understanding the Effects of Social Class Bias

- Ross (1995) identified that the “lower” class had a pervasive sense of economic anxiety, powerlessness and despair concerning life and its future prospects.

- The idea of class struggle is supported by the concept of conflict theory.

- “Conflict theorists see a diverse collection of individuals struggling for wealth, power, and prestige… people are constantly struggling with one another and themselves to find meaning” (Kerbo & Coleman, 2002, p. 14)
Cultural Divide

How the cultural and economic climate has changed

- What we watch
- What we eat
- Where we live

Social Stratification

Social stratification is an inherent part of human social structure both in the historical and current context. Hierarchical standards occur in many facets of life, such as:

- Class
- Organizational
- Academic
- Hierarchy of rank i.e. Military or Civil Service
- Religious
- Bureaucratic
Worldwide Rates of Mental Illness & Poverty

- US: 43 million
- World: 1 billion
- US: 79 million
- World: 450 million
Impact on Therapy

- Access to Mental Health Care
- Diagnosis
- Costs
- Clinician vs Client social class
- Social Stigma
2001 Study by Stepanikova and Cook (p. 915)

…uninsured blacks and Hispanics interviewed in English are more likely to report racial and ethnic bias in health care compared with their privately insured counterparts. Poor whites are more likely to report racial and ethnic bias in health care compared with other whites. Good physician–patient communication is negatively associated with perceived racial and ethnic bias…Compared with their more socioeconomically advantaged counterparts, poor whites, uninsured blacks, and some uninsured Hispanics are more likely to perceive that racial and ethnic bias operates in the health care they receive. Providing health insurance for the uninsured may help reduce this perceived bias among some minority groups.
Impact on Therapy

Heather Kugelmass Princeton University surveyed 640 therapists in New York

- Middle-class black women and men were about 30% and 60% less likely, respectively, than their white middle-class counterparts to hear back from a therapist agreeing to see them. Working-class individuals fared even worse: Women and men, regardless of race, were about 70% and 80% less likely, respectively, to get an appointment, compared with white middle-class individuals.
Impact on Therapy

- The current study found that therapists' response rate was low in general, with only 44% returning the call. In many cases, the therapist left a message saying he or she did not have availability: Only 15% of inquiries resulted in a therapist offering an appointment time.

- Therapists were less likely to call back if the clients sounded black and working-class. Only 34% of black working-class individuals got a call back, compared with 49% of black middle-class and 51% of white middle-class individuals.
Impact on Therapy

2013 Canadian Medical Association found

- Middle and High SES patients presenting with chronic health complaints were 1.79 times more likely to obtain an initial health appointment than low SES patients
Impact on Therapy

- 2011 Harvard study indicated,

Socioeconomic biases also exist. These can be operative in this situation, as with the myth that poor people are more likely to sue you... This can represent either unconscious bias toward poor people, or it could be partially cultural...Physicians may rationalize their decision not to accept Medicaid patients, for instance, with the misconception that poor people are more likely to sue...This could be an excuse for not wanting to get involved in their care...
Impact on Therapy

- Treatment (outside of emergency care) is based on payment
- According to the APA Code of Ethics under section 6.04 Fees and Financial Arrangements,
  
  (a) As early as is feasible in a professional or scientific relationship, psychologists and recipients of psychological services reach an agreement specifying compensation and billing arrangements.
  
  (b) Psychologists’ fee practices are consistent with law.
  
  (c) Psychologists do not misrepresent their fees.
  
  (d) If limitations to services can be anticipated because of limitations in financing, this is discussed with the recipient of services as early as is feasible. (See also Standards 10.09, Interruption of Therapy, and 10.10, Terminating Therapy.)
  
  (e) If the recipient of services does not pay for services as agreed, and if psychologists intend to use collection agencies or legal measures to collect the fees, psychologists first inform the person that such measures will be taken and provide that person an opportunity to make prompt payment. (See also Standards 4.05, Disclosures; 6.03, Withholding Records for Nonpayment; and 10.01, Informed Consent to Therapy.)

(American Psychological Association, 2016).
Impact on Therapy

- NAADAC Code of Ethics (2016)
  - I-27: Addiction Professionals shall ensure that all fees charged for services are fair, reasonable, and commensurate with the services provided and with due regard for clients' ability to pay.
  - I-33: Addiction Professionals shall clearly disclose and explain to each client, prior to the onset of services, (1) all costs and fees related to the provision of professional services, including any charges for cancelled or missed appointments, (2) the use of collection agencies or legal measures for nonpayment, and (3) the procedure for obtaining payment from the client if payment is denied by a third party payer.
  - I-34: Addiction Professionals shall provide the same level of professional skills and service to each client without regard to the compensation provided by a client or third party payer, and whether a client is paying full fee, a reduced fee, or has their fees waived.
Impact on Therapy

ACA Code of Ethics (2014)

- C.6.e. Contributing to the Public Good (Pro Bono Publico) Counselors make a reasonable effort to provide services to the public for which there is little or no financial return (e.g., speaking to groups, sharing professional information, offering reduced fees).

- A.10.c Establishing Fees: In establishing fees for professional counseling services, counselors consider the financial status of clients and locality. If a counselor’s usual fees create undue hardship for the client, the counselor may adjust fees, when legally permissible, or assist the client in locating comparable, affordable services.

- A.10.d Non-Payment of Fees: If counselors intend to use collection agencies or take legal measures to collect fees from clients who do not pay for services as agreed upon, they include such information in their informed consent documents and also inform clients in a timely fashion of intended actions and offer clients the opportunity to make payment. A.10.e. Bartering

- A.11.c Appropriate Termination: Counselors may terminate counseling when in jeopardy of harm by the client or by another person with whom the client has a relationship, or when clients do not pay fees as agreed upon. Counselors provide pre-termination counseling and recommend other service providers when necessary.
Social Class Bias Affecting Clinical Judgment

- Social stratification (class strata) exists within the context of American society, this stratification impacts mental health, family and marital stability and a person’s identity.

- Social class is an inherent aspect of everyone’s self-identity.

- Does the social class of the clinician or the client play a role in the therapeutic relationship?
Access To Healthcare

- ACA
- Parity
- Mental Health
- Medicaid Expansion
Diagnosis

- “DSM-5 has moved to a nonaxial documentation of diagnoses (formerly Axis I, II, and III), with separate notations for important psychosocial and contextual factors (formerly access IV) and disability (formerly Axis V)” (DSM-5, 2013, p. 16).
- WHO Disability Assessment Schedule (WHODAS) has replaced Global Assessment of Functioning (GAF)
- WHODAS is based on International Classification of Functioning, Disability and Health (ICF)
Ethics

- **NAADAC Code of Ethics** covers IX Principle Areas
- **The American Counseling Association code of ethics** covers nine principles for counselor guidance
- **APA Code of Ethics** covers Ten Sections
Ethics

- Counselors have a great responsibility to society as they are the keepers of man's darkest memories, fantasies, thoughts and desires.

- It is their realm alone to bring these issues to light in the healthiest most coherent manner, all the while being cognizant of their inner-most biases and problematic issues.

- By bringing their biases to light through supervision, peer review, continuing education and workshops, counselors can assure the highest quality of ethical care for their clients.
In Conclusion

- Social class overruns every aspect of society and every individual’s interaction within it. As stated by Karl Marx, “Society does not consist of individuals but expresses the sum of interrelations, the relations within which these individuals stand”. If individuals are perceived as being unequal they will be treated unequal through conscious or subconscious means. The greatest research opportunity that came from this project reflects the opinion that research needs to focus on social class bias in the 21st century as much as it was needed it in the 19th and 20th centuries.
References

- References, source material, and full presentation provided upon request

Please send requests to:

- Anthony Rivas, Ed.D, LAC, MAC
  - arivas3@uccs.edu or anthony.rivas.ahc@gmail.com

- Bita Rivas, Ed.D, LPC, NCC, ACS
  - brivas2@uccs.edu