Helping People Without Homes: Simple Steps for Psychologists Seeking to Change Lives

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Abstract

The American Psychological Association has recently issued a call for psychologists to redouble their efforts to eradicate homelessness (APA, 2010). Many may struggle with perceived challenges to beginning such work, yet contributing is not necessarily a complex or time-intensive task. Our collaboration with a faith-based homeless service agency provides examples of simple, commonsense actions that resulted in mutual benefit for individual psychologists, persons without homes, the agency that serves them, and a university psychology training program. By conducting research with homeless participants and offering brief assessments completed by graduate students, we improved the lives of individuals without homes and strengthened our community's response to homelessness. Simultaneously, we created new training opportunities for graduate students, furthered research in our areas of interest, and gained valuable experience with interdisciplinary collaboration and direct intervention in a marginalized population. From our experience, we extract lessons for psychologists considering work with the homeless and offer examples of specific actions that can facilitate the first steps in meaningful engagement.

Keywords: homeless, mental health, brief assessment, training, faith-based

Helping People Without Homes: Simple Steps for Psychologists Seeking to Change Lives

> *"Each year between two to three million people in the United States experience an episode of homelessness (Caton et al., 2005). The psychological and physical impact of homelessness is a matter of public health concern (Schanzer, Dominguez, Shrout, & Caton, 2007). Psychologists as clinicians, researchers, educators and advocates must expand and redouble their efforts to end homelessness."* (American Psychological Association [APA], 2010, p. 2)

Recognizing the scope of the problem of homelessness, yet cognizant of their own financial limits and substantial professional commitments, psychologists may feel overwhelmed by a call to help "end homelessness." This is no small problem: the U.S. Department of Housing and Urban Development (2011) reported that 1.59 million people utilized shelter services or transitional housing in the past year while nearly 650,000 individuals were without homes during a single count in January. While only a few of many factors linked to homelessness, mental illness and substance use disorders are reported in a significantly higher percentage of homeless than for the population as a whole (Farrell et al., 1998; Fazel, Khosla, Doll, & Geddes, 2008; Lehman & Cordray, 1993). Though these problems are within the professional purview of psychology, a recent American Psychological Association (2010) survey found that only 19% of psychologists responding to a survey spend more than a few hours a month working with people who are homeless. When asked what would help them to get involved, 90% were open to work with the homeless, but many felt that they would need more training, more time, or more funding in order to get involved. Twenty-one percent reported lack of access to homeless individuals, while 37% said just being asked to do something would increase involvement. The APA has now issued a clear call to serve, but for many the question remains: how can an individual

researcher, clinician or educator realistically help to remediate homelessness?

The Call to Serve

The phenomenon of homelessness has been the subject of considerable study, and psychologists have contributed a great deal to this effort. In 2009, then APA President James Bray assembled a task force to examine the role of psychology in alleviating homelessness. Their work resulted in the 2010 Report of the APA Presidential Task Force on Psychology's Contribution to End Homelessness. Written by psychologists, for psychologists, the Task Force Report examines the psychosocial factors associated with homelessness, describes current understanding of the problem of homelessness, and identifies ways that homelessness can be remediated. The Task Force listed both structural means such as an increase in available low-income housing units and individual clinical efforts by psychologists intervening at the individual level, "helping people with mental health and substance use problems get and keep such housing" (APA, 2010, p. 32). With this background, the Task Force Report issues a call in no uncertain terms for psychologists to join the struggle to end homelessness through prevention efforts and policy change as well as immediate intervention and clinical practice.

The report closes with a set of recommendations which may be of particular salience to psychologists looking to get involved for the first time (APA, 2010). As might be expected in a document calling for an end to homelessness, many of these recommendations are broad directions aimed at creating or facilitating societal and structural changes. These include calls to research methods of preventing homelessness in vulnerable populations, design evidence based interventions for work with the homeless, and advocate for public policy changes that benefit homeless individuals. Such large-scale or long-term efforts might be intimidating for those who have limited availability or primary interests other than homelessness. Such individuals may be more interested in the recommendations oriented towards improving or directing the efforts of

individual psychologists. These include providing strength-based assessment to homeless populations, offering mental health education programs to those that serve the homeless, advocating on an individual basis for those in need, and forging meaningful collaborations with other professionals that address the multifaceted needs of the homeless. It is possible for a professional to implement these suggestions without specialized training or an extensive time commitment and it is our hope that this paper provides evidence that such steps are truly within the reach of all.

Responding to the Call: A Case Example

There are many paths from recommendation to implementation and, even with the Task Force Report, the way forward is not always clear. While contemplating their first steps, psychologists can benefit from shared examples and the wisdom of experience in searching out their own opportunities to get involved. One such example is our collaboration between graduate psychology faculty and students at our university and the staff of a local faith-based homeless service organization known as Mission Waco.

An academic psychologist had personally supported the efforts of the agency and decided to pursue the possibility of conducting research using participants from the organization's shelter and drug treatment programs. The director agreed, and results of assessments completed in the course of research were summarized and provided to individual participants and agency staff. After many positive comments on the value of the reports and requests for additional psychological assessments, it was decided to recruit volunteer doctoral students to provide assessments as a clinical service. These assessments proved to be a useful commodity: they were used to apply for public assistance, influence treatment referrals, and inform shelter staff. As time passed, this arrangement was recognized as an excellent educational opportunity, and a formal practicum placement for a doctoral student at Mission

Waco was sought and obtained. In addition to supervising assessments, the psychologists presented workshop trainings on mental health issues for agency staff, and shared knowledge gained through years of collaboration at local, state and national conferences. Starting with only a desire to benefit homeless individuals and openness to new opportunity, involvement had steadily grown from one joint effort to a multimodal collaboration involving significant research, assessment and training endeavors. This growth occurred gradually over time, as mutually beneficial arrangements allowed services to be delivered without external funding.

Adding to the collected wisdom of the APA Report (2010) and illustrating many of the recommendations contained therein, this paper highlights the straightforward ways that we have expanded our existing activities to include people without homes and the numerous benefits of the resulting collaboration for all involved. From our experiences we highlight themes that will be helpful to those beginning work with the homeless, especially those looking to make worthwhile contributions without pursuing career changes. Considering these themes, specific suggestions are provided for psychologists of varied backgrounds who wish to "expand and redouble their efforts to end homelessness" (APA, 2010, p.2).

Research

As academic psychologists, our first professional contact with the homeless began with research. One of us was familiar with programs at Mission Waco and it appeared we would be able to find high impulsive and/or aggressive research subjects through a substance abuse program run by the organization. We arranged a meeting with the executive director to discuss this potential research and offered to deliver a summary report of the results of psychological testing to the participants as well as agency staff. After describing the research and the benefits for the participants, the director agreed to the project and arranged for participants to be transported to the university labs.

There were a number of challenges in using homeless individuals with substance abuse problems for a research project. The population tends to have a high rate of co-morbidity and psychological factors that act as confounds with traits of interest. This meant that many potential participants were screened out during their first appointment. The participants themselves sometimes verbally assented to agency staff for the assessment, but when brought to the labs and presented with the testing situation, declined to consent to participate. We also quickly learned that having a psychological assessment was a large incentive, one that sometimes enticed people to enhance their self-report to fit a profile for our research in the hope they would be included and receive evaluation results.

Though these were significant hassles, none proved unworkable. A graduate student visited the agency in person to speak about the project and complete the informed consent process before participants were scheduled and driven to the university, minimizing refused consent issues. We also found that the population was large and diverse enough that even after screening out many individuals, we had plenty of appropriate subjects. Specifying research criteria to staff at the agency and providing on-site screenings reduced the number of participants who made appointments and traveled to the university, only to be screened out there.

Though the research that spawned this collaboration was not focused on homelessness, it nevertheless provided the important initial connection with the homeless population. It also began a pattern of seeking out mutual benefit: university-agency collaborations in research with the homeless have been noted to have significant advantages for all involved (Corse, Hirschinger, & Caldwell, 1996; Gewirtz, 2007). Furthermore, this ongoing engagement led to interest in clinical issues faced in homeless service: staff wanted an analysis of intervention outcomes, a program evaluation of our research/service collaboration was needed, and an examination of the benefits of brief psychological assessment services promised implications for

all psychologists who work with the homeless. Several of these questions turned into side projects for graduate students, starting a new area of research directly related to intervention with the homeless.

The partnership flourished through several studies which involved participants from Mission Waco. As a result of this collaboration, data was gathered that has lead to several publications (Anderson, Baldridge, & Stanford, 2011; Conklin & Stanford, 2008; Wan, Baldridge, Colby, & Stanford, 2009, 2010), and 70 full psychological assessments were delivered to individuals without access to psychological resources. The true value of these assessments became more apparent over time, as calls from the agency seeking evaluations for individuals screened out of research became common. As we increasingly appreciated the need for assessments, we looked for ways to provide them independent of research participation.

Clinical Assessment

The initial reports provided to Mission Waco had value because they filled an acute need: most homeless clients had no other avenue to access psychological assessment. When an individual received a report from research participation, they could use it to support an application for benefits, agency staff gained a better understanding of the individual, and it often influenced treatment referrals. As we understood the significance of benefits from assessment we were motivated to find a way to provide more assessments for these disadvantaged people. The doctoral psychology program at our university has a requirement for students to complete a certain number of assessments. Looking for mutually beneficial options, we proposed to have doctoral students assess homeless individuals pro bono, and volunteered to supervise those assessments as part of our role as faculty. Students would get needed assessment experience and the homeless would benefit.

This approach is not without precedent; Jacobs, Newman and Burns (2001) presented the

Homeless Assessment Program as a model for graduate students to provide disability evaluations to the homeless. Only 10% of applications utilizing their report were denied, representing a large increase in the approval rate. To achieve such results, this model utilized comprehensive assessments usually spanning several appointments. Along with these impressive results, the authors noted issues with scheduling clients, following up for multiple visits and extensive time lapse between referral and delivery of a report.

Challenges

Our attempts to provide assessments through the university met with similar difficulties. We began by using comprehensive test batteries typical at our university clinic: full IQ tests, multiple neuropsychological tests and detailed personality assessments. These batteries often took several visits to complete, often over several weeks. When assessments were successfully completed, significant time elapsed as reports were written, reviewed, edited and signed. Individuals scheduled for assessments at the university often made only the initial appointment or failed to appear at all, resulting in frustration for student examiners. The length of the process also meant that the agency lost contact with some individuals along the way, resulting in incomplete assessments or undeliverable reports. It became clear that the typical model of assessment in our offices over several meetings was problematic for a homeless population.

The nature of work with the homeless presented several other notable challenges. Referrals from agency social workers were usually general, rarely specifying any particular question to be answered, which made assessments more confusing and less efficient. Homeless individuals seldom had any prior documentation that could be obtained, which made confirming their self-report nearly impossible. We also encountered clients with levels of literacy low enough to make it doubtful that they could accurately understand self-report personality measures.

Confidentiality and informed consent also presented challenges. Individuals often presented for an appointment because agency staff told them to come, but had not understood that the purpose of the meeting was psychological evaluation. In a sense, they had not consented to the evaluation and some were understandably surprised and frustrated, often believing that staff must have thought them "crazy" and protesting that they did not need evaluation. Since part of the informed consent included a release to share information with agency staff, this resistance and initial poor rapport was often intensified by reviewing limits to confidentiality. When reports were completed, they were usually delivered to the agency social worker, who kept a copy and passed on a copy to the individual, meaning that finished reports were never accompanied by feedback to the individual. Over time, we became aware that these reports were used to guide treatment decisions, attached to public benefits applications, and sent to other agencies on behalf of the homeless persons, all without ensuring that the individual really understood the contents of the report.

Solutions

Multiple changes were made in response to these difficulties. To reduce elapsed time between referral and assessment, communication was simplified by handling all scheduling directly between one psychologist and one agency social worker who had established a working relationship through prior evaluations. Graduate students established recurring open time slots so that upon receipt of a referral, the psychologist responded with an open appointment time, and the social worker confirmed it with the individual. Because of the problems with missed appointments, assessors started meeting with individuals on-site at the agency. As Morse et al. (1996) suggested, with services delivered on their turf, clients missed many fewer scheduled appointments. A new abbreviated assessment battery was constructed, designed to be completed in one 3 hour appointment and allowing for quicker turnaround by graduate student

assessors. Though there were initial questions about the usefulness of such a brief assessment, consultation with agency staff confirmed that brief reports continued to meet their needs.

Other problems were addressed by educating social work staff about the process of assessment. We created a referral form with clear examples of appropriate referral questions and basic client information that would be helpful to assessors, then met to explain what information could (and could not) reasonably be expected from a typical assessment. We asked agency staff to complete both consent and referral forms with the individuals at the time of the referral. As a result, clients were better informed about their evaluation session and referrals improved in specificity, allowing students to build better rapport and focus their brief evaluations, thereby leading to better accuracy and more useful assessments.

While the scarcity of prior documentation proved intractable, we were able to consult with staff at the agency and gather information which often helped confirm reports or fill gaps not addressed in a clinical interview. When the interview or IQ assessment gave indications that reading ability was low, we administered the PAI via audio CD, increasing the likelihood of valid responses. One last challenge will be addressed as our practicum student begins; one of the position's responsibilities is to provide feedback on reports to aid individual understanding of the results. Overall, we were able to learn from experience as we encountered the unique challenges of work with the homeless and adapt our practices to better serve these persons.

Current Practice Model

After implementing those changes, a stable program has developed. The lead social worker at the agency determines which individuals at the agency could benefit from assessment referrals. He contacts the lead psychologist, who then assigns one of three graduate students to complete the assessment, normally within the same week. The graduate student meets with the homeless individual at the agency and administers a clinical interview, the Wechsler Abbreviated

Scale of Intelligence (Wechsler, 1999), and the Personality Assessment Inventory (Morey, 1991). This single assessment session takes less than three hours, and a simple, focused two-page report is returned to the agency the next week, where the report is copied and given to the client. Assessment materials and records are kept in the offices of the supervising psychologist, ensuring compliance with ethical record keeping, and freeing the agency from the need to create an infrastructure for psychological records. If this initial report reveals complicated psychological issues that need a more detailed assessment, the individual is similarly scheduled for a follow-up assessment with another graduate student who completes a more comprehensive and tailored battery. This program involving two psychologists and four graduate students produced psychological reports for 75 individuals over the course of 12 months, with detailed follow up assessments for five individuals.

Training

Though we have been learning from our interactions with the homeless since our collaboration began, the most notable training experiences began with the inclusion of doctoral students as primary assessors. In the past year they each completed more than 20 brief assessments with homeless individuals. Students encountered many challenges new to them: working without specific referral questions or prior records, deciphering complex co-morbidities, identifying malingering in an attempt to qualify for public assistance benefits, and building rapport with clients inherently distrustful of mental health professionals are just a few examples. With the support of supervisors, these challenges became valuable education addressing the reality of work in a community setting with a marginalized population. Though the time spent on assessments is in addition to academic requirements, students report a sense of accomplishment from assisting in the process of significant life changes, such as transition to housing or receiving psychological treatment for the first time.

As we responded to clinical challenges by learning from experience and adapting to the population, so too we learned about the preparation needed to ensure a good training experience for student assessors. Though test administration proceeds in standardized fashion, clinical interviews are decidedly different from the undergraduates that student assessors learned with. In order to be prepared for the variety of disorders they may encounter, graduate students carry a small interview guide to DSM-IV criteria (Zimmerman, 1994) which provides questions helpful in specifying a diagnosis. Students also benefit from tips on building rapport quickly with sometimes distrustful clients. To supplement unique clinical recommendations, we provide a list of recommendations that are adapted to the population, and which Mission Waco is capable of implementing. We provide training on recognizing low reading levels, and audio equipment to play recordings of lengthy self-report measures. To assist in report writing, we distribute a sample template for a two-page report. With these measures we feel that students are prepared to begin assessments, and we cover other issues as they arise during individual supervision.

Due to the success of our assessment and training ventures, the university agreed to establish a new practicum site for clinical psychology doctoral students at Mission Waco. This extends training into recommended clinical areas beyond assessment (APA, 2010; Toro, Trickett, Wall, & Salem, 1991): 1,000 hours of field placement working with a multidisciplinary care team, conducting individual and group therapy, providing staff training and consulting on mental health issues. This placement will prepare future practitioners cognizant of the ecological issues that face the homeless and capable of tailoring services for maximum effect within this unique context.

Psychology students were not the only ones to receive training benefits from this collaboration. It became apparent that staff and volunteers at the emergency shelter run by the organization had little mental health training, and often were not sure how to handle individuals

with mental illness. Given our established relationship, it was easy to schedule several training sessions during which we provided general training in mental health issues, appropriate responses to crises such as suicidal threats, and the unique needs of mentally ill homeless individuals. This is important work: it addresses a need of shelter staff that can significantly impact the level of care received by homeless persons with a mental illness (Burke, 2005; Olivet, McGraw, Grandin, & Bassuk, 2010; Vamvakas & Rowe, 2001). Nevertheless, it does not take exorbitant amounts of time; Burke (2005) gave one four-hour training and found that one month later staff were actively improving care by using skills they learned. Given the widespread lack of knowledge, any amount of training can have positive effects. Again, there is mutual benefit to these activities: experience at Mission Waco with assessments and trainings led to opportunities to present workshops at state and national professional conferences. Such presentations often accrue professional benefits for the presenters while simultaneously informing others about the potential for faith-based organizations to serve the mentally ill and substance abusers.

Outcomes of Our Involvement with the Homeless

Research and Training Benefits

From the perspective of research, this collaboration has been highly productive. To date, four publications (Anderson et al., 2011; Conklin & Stanford, 2008; Wan et al., 2009, 2010), a doctoral dissertation, a master's thesis, and several conference presentations have resulted from this connection with a faith-based homeless service organization. As a result of participation in these studies, 70 homeless individuals have received valuable psychological assessment and feedback that would have been otherwise unavailable to them. At a conservative market rate of $500 per assessment for a comprehensive battery, providing these initial reports as a research benefit saved the agency $35,000.

Students' psychological education benefitted from the collaboration as well. Thesis and

dissertation research as well as assessment experiences exposed students to the homeless population and trained researchers and practitioners who are now familiar with the issues that face a homeless population. This experience increased their competence with assessment, exposed them to the realities and challenges of work with the homeless, and fostered interdisciplinary collaboration with social work staff. Each of these students has also helped implement techniques that promote successful outcomes. With this experience, they are better equipped—not only to provide psychological service, but also to be advocates for the homeless in their professional capacity. With a new practicum position authorized for a doctoral student to be placed at Mission Waco, this training will be expanded and deepened. Simultaneously, this position will provide clinical services heretofore inaccessible to those without homes.

Assessment Outcomes

In addition to initial research-driven assessments, later brief reports continue to benefit both agency and individual in several ways. Estimating conservatively ($300 for each brief assessment), we have helped the agency offer an additional $22,500 of service in the span of a single year. From a treatment perspective, each report informs agency staff, helping them to better understand the needs of the individuals they serve. Because of the quick turnaround, the reports serve to screen individuals for substance abuse placements, individual counseling, and other services, and are passed along to inform the treatment professionals. Having an assessment report also adds valuable information to a client's file, creating a paper trail that may be accessed in the future when other agencies working with that individual contact Mission Waco requesting information. For many individuals, assessments are used to document evidence of disability in Supplemental Security Income (SSI) or other public assistance benefit applications.

Indeed, of the 75 individuals assessed in this one year, 48 (64%) have used the report in an SSI application or appeal. Several individuals who had their initial benefits application

rejected before the assessment have since successfully appealed the decision with the inclusion of the psychological report. Of those who have received a benefits decision, 22 individuals are now receiving benefits while only six applicants who used our reports have been denied thus far – a 79% approval rate. The remaining 20 applications are still pending. This is substantially higher than the national average for percentage of benefits granted: in 2008, the national rate of allowances for all Social Security or SSI applications was only 30.6%, and even considering just medical eligibility decisions, only 47.9% were approved (U. S. Social Security Administration, Office of Retirement and Disability Policy, 2010).

Case Example: Brief Assessment

To better illustrate the role these psychological assessments have played in assisting homeless persons, consider this case example. A homeless woman came to Mission Waco seeking emergency shelter after fleeing from a domestic violence situation. She had been denied SSI benefits, had no applicable job skills, and suffered from Tourette's syndrome. Agency staff, while considering job training placements, referred her for an evaluation. The assessment revealed substance use issues and borderline cognitive ability, and informed the decision to place her in a substance abuse treatment facility before job training. The report was also given to the treatment staff when she began the program. While she was there, the staff used the assessment report as part of an appeal of her benefit denial, and she was subsequently awarded benefits. She has since completed a job corps training program and her SSI benefits have helped pay for the apartment in which she currently resides. Having a professional psychological evaluation made a difference not only in selecting appropriate treatment, but also in her application for benefits, with the result that this woman is no longer homeless today.

Reexamining our outcomes, this story seems common: of those 22 individuals with benefits granted after a Baylor assessment, 17 have since been housed. The housing status of

three individuals is unknown, one passed away since benefits were granted and one is in jail. As the Task Force Report indicated, there are many factors associated with entrance into homelessness. These clinical assessment services inform a dedicated service agency, helping them plan a personalized route to self-sufficiency for each individual, and often provide a crucial factor in obtaining public assistance for those who qualify.

Thematic Lessons

Reviewing the evolution of our work with the homeless, several themes emerge that seem to have particular import for all who would begin their own work.

Start small and grow. There is no mandate to begin work with a fully formed, complex research program, or a full time clinical practice. Homelessness does not have to be your primary professional interest – it is not ours. But you can contribute with whatever time and experience you have. One way to do this is simply to find ways to do what you already do, but to do it for individuals without homes. As academic psychologists, we started by involving them as research participants and creating ways they could benefit from participation. This minimizes the time cost of getting involved, as you operate from existing strengths. In order to progress from this initial involvement, an openness to new opportunities is essential. If you allow it, you may find that one thing leads to another quite readily. For us, the opening was a statement from our collaborators that assessment resources were desperately needed. Because we were willing to investigate new options, we accepted this opportunity and found a solution that led to expansion in our collaboration.

Embrace a collaborative mindset. It is challenging to both start small and operate independently. Too many logistical problems sap the time that would be better spent in direct service or consultation. There are over 30,000 non-profit agencies that work with the homeless, providing housing, food and health services (Aron & Sharkey, 2002). These organizations often

have few if any mental health resources, and may be willing partners for psychologists looking to make an impact. The advantages for both sides are clear. Collaborating with an agency or shelter allows you to provide an important missing piece in an already functioning program, adding to the program benefit and conserving your own time by utilizing the agencies' connections with individuals. They refer those who need your services, and often provide the case management to follow up. For example, staff at Mission Waco screen individuals for our assessments, and then handle the process of implementing treatment recommendations and completing benefit applications with those individuals after the report is delivered. Our time is thus conserved for the functions that are unique to our training as psychologists, namely the actual assessments. In return, the agency receives much needed services that allow them to better assist their clients.

Be an active learner. Regardless of the expertise you have, there are many ways that working with a homeless population may require you to adapt in order to provide better service. We initially attempted standard psychological assessment batteries, but found that they did not meet the needs of many individuals. Adapting included not only designing a brief battery, but focusing on the aspects of reports our partners listed as most useful. A "learner" mindset includes attention to the environmental context of homelessness as it manifests in the community (Toro et al., 1991), realizing that presenting problems are not independent of that context, and providing services that reflect the interactions of individual and environment. Maintaining a view of your professional role as both expert and learner identifies you as a valuable mental health resource while allowing homeless individuals and shelter staff to teach you about the unique circumstances and contexts of homelessness.

Seek mutual benefit. This may seem obvious, but it has been essential to our ability to successfully contribute without ever being directly compensated. We were able to provide

ongoing clinical assessments because students valued the training experience they received in return. A practicum training position became a reality when the training advantages (not just the service aspects) became clear to university administration. While searching for mutually beneficial situations, it is important to first identify clear needs of the population you are serving, then find ways to address that need which can benefit you as well. In our case, psychological assessment and other clinical services were identified as the greatest need by Mission Waco. Initially, it was a simple step to summarize research assessments in a short report while we collected valuable data. Later, we found that the value of training for graduate students allowed us to provide assessments for free.

A little goes a long way. There is a great need for psychological services among those living without homes, particularly with those that suffer from mental illness. Given the scarcity of psychological resources available to most, even brief interventions can reap large returns. A single assessment may be the first step in breaking a pattern of chronic homelessness. In the same way, time spent training agency staff is multiplied as each one is able to provide more competent care, and potentially interact in more therapeutic ways. Similarly, the rise in awareness of issues pertaining to mental illness that results from the interaction with a psychologist can be a tangible benefit: staff begin to ask whether individuals need psychological services, pay more attention to potential psychological roots of issues, and re-evaluate their own assumptions about the mentally ill.

These concepts are neither new nor revolutionary. Similar recommendations and suggestions have been made in the past and are echoed in the APA Task Force Report (2010). However, previous literature does not often emphasize how accessible this work can be, and rarely provides specific examples of “entry-level” activities for psychologists with significant other responsibilities. As the APA survey showed, many are dissuaded by the lack of financial

compensation, time constraints or specific training. Our experiences are a sample of the many unique ways that those barriers can be overcome. Work with the homeless is feasible for many psychologists and the need is intense. Without making a dedicated career of service to the homeless, there are straightforward, time efficient ways that psychologists can make substantial contributions to the condition of homeless persons.

Ways to Contribute

Considering our experiences and the recommendations of the APA Task Force (2010), the following are several specific suggestions for psychologists who wish to begin work to help ameliorate homelessness.

Be personal when seeking collaboration. Seek to make a personal connection with a leader within your target agency. Call, schedule a meeting, share your passion and why you want to work with them. Find out what their areas of true need are, and be genuinely interested in the current state of affairs at the agency. Be upfront about the rewards for your own work, and explicit about the benefits that collaboration would provide for their clients. The process often might look similar to efforts to build connections when setting up a private practice or research collaboration.

Provide brief assessments for homeless populations. Providing even one brief assessment per month is a valuable service, and partnering with a community organization will help minimize the time needed and maximize the utility of the report produced. Volunteering to supervise graduate assessments can further multiply the effect of your time. This approach improves both graduate student training and service provision to the homeless. Throughout the process, it is important to consider the individual in their context (Toro et al., 1991).

Develop research projects that involve homeless participants. Find a willing partner among community organizations, then build a collaboration by identifying areas of mutual

benefit. A few possibilities include providing feedback based on research results, offering on-site staff trainings or using research results to design new programs to help homeless individuals.

Offer training to staff of organizations that serve the homeless. Work with the agency leadership to identify the most salient needs, but also to identify the goals of training (Vamvakas & Rowe, 2001). Informative sessions covering such topics as general introduction to mental health issues, providing service in a trauma-sensitive manner, responding to crises or basics of motivational interviewing (Olivet et al., 2010) can be offered in short workshop format, or even during an hour lunch break.

Encourage other psychologists to get involved. Discussing the benefits you have received in your work with the homeless as well as life changes you have facilitated for homeless individuals may both enhance your colleagues' awareness of the issues that face the homeless and increase their motivation to engage with the population. Within psychology training programs, you can advocate for increased collaboration with homeless service agencies by pointing out the call from APA and the training benefits of exposing graduate students to a diverse homeless population. Place these issues on the agenda at meetings, mention your own work to colleagues, and offer to work with interested graduate students.

Foster social consciousness in graduate training by increasing engagement with the homeless. Training programs can offer formal practicum experiences working with homeless and at-risk populations by building or expanding partnerships with community organizations that serve these populations. Alternately, training programs can create opportunities for graduate students to gain assessment experience with homeless individuals. This can be accomplished by identifying and publicizing willing supervisors and available opportunities, adding requirements for assessment experience outside of practicum placements, or inculcating attitudes that voluntary service is part of the life of a mental health professional. Programs can also foster this

social consciousness by scheduling seminars on issues of homelessness and inviting speakers who work with the homeless.

Summary

James Bray and his colleagues on the Presidential Task Force (APA, 2010) have already issued a call for psychologists to increase their involvement in the process of remediating homelessness. While they have made recommendations concerning the ways psychologists can contribute, it will be up to individual psychologists to enact those recommendations in specific situations. Though psychologists perceive significant barriers to work with the homeless, simple, mutually beneficial, and time-efficient opportunities do exist.

In our experience, efforts started small with an initial outreach to a faith-based homeless service organization for the purpose of recruiting participants. As trust between the collaborators matured, and the benefits for both parties became clearer, efforts expanded into clinical work in the form of assessments completed by graduate students. Throughout our interactions, we began by doing what we already knew how to do as psychologists, but with homeless populations. Keeping a "learner" mindset, we discovered how to better navigate pitfalls and increased our ability to understand each individual in their unique context.

Opportunities abound for these efforts to be replicated in a variety of situations. The needs of the homeless and the agencies serving them are many and diverse. Occasions for psychologists to contribute are equally varied, and do not demand exorbitant commitments. It is our hope that the experiences presented here inspire psychologists to take their first steps toward similarly creative and mutually beneficial collaborations in the effort to prevent and remediate homelessness.

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