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Stephanie A. Ballard
*Grand Valley State University*, osbornes@mail.gvsu.edu

Katie M. Deveneau
*Grand Valley State University*, deveneak@mail.gvsu.edu

April D. Hemlock
*Grand Valley State University*, hemlocka@mail.gvsu.edu

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# A Needs Assessment of Occupation Based Services in a West Michigan Homeless Shelter from a Staff Perspective

Stephanie Ballard, Katie Deveneau, & April Hemlock

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Abstract

In this qualitative study, student researchers conducted one-on-one semi-structured interviews of individuals employed by a homeless shelter in West Michigan, posing questions related to the perceived need of occupation-based services for shelter recipients, and the efficacy of current services. Narratives were interpreted using thematic analysis, yielding themes related to the barriers faced by the shelter population, life skills of the shelter population, and services in place to provide for the needs of the shelter recipients. Authors concluded that shelter staff perceived a need for occupation-based services to engage the shelter population in meaningful occupations, particularly relating to leisure, education and self-care. Results may serve to guide future development of services for the homeless population.

*Keywords:* empowerment model, homelessness, occupation-based services, staff perceptions

## Definition of Terms

Empowerment: the process of supporting others in the development of self-initiative and independence, so that they can make wise decisions, manifest health and productive behaviors, and increase self-fulfillment and well-being (Fisher & Hotchkiss, 2008, p. 65).

Learned helplessness: this condition occurs in situations where individuals have limited control of their lives, but are rendered powerless to change or improve their life circumstance (Fisher & Hotchkiss, 2008).

Model of Human Occupation: this model provides a framework for occupational therapists to understand how to use daily activities therapeutically to support people's health. It seeks to explain how meaningful daily activities are motivated, patterned, and performed.

Model of Occupational Empowerment: an occupational therapy theoretical model developed specifically for the homeless population.

Occupation: the daily life activities in which people engage (AOTA, 2014, p. S6).

Occupational Therapy Practice Framework: An official document created by the American Occupational Therapy Association for occupational therapy practitioners and other healthcare professionals to reference within occupational therapy practice (AOTA, 2014).

Problematic substance abuse: occurs when drug use dominates a person's life at the expense of other activities and has negative mental and/or physical side effects.

Role: set of behaviors expected by society and shaped by culture and context (AOTA, 2014, p. S8).

Routine: established sequence of occupations or activities that provide a structure for daily life (AOTA, 2014, p. S8).

Perspectives of Staff Members Working in Homeless Shelters of West Michigan

According to the United States Department of Housing and Urban Development, 610,042 people were considered homeless on a given night in 2013. There is an urgent need for long-term studies that address the multi-faceted issue of homelessness, as homelessness is a phenomenon with complex causes and the potential for tragic health consequences in a growing vulnerable population (Koegel, 1996). In order to design interventions for this vulnerable population, it is imperative to first gain an understanding of the complex causes and impacts of homelessness. A review of current literature revealed many studies related to the complex interplay of homelessness and substance abuse, and the effects of homelessness on physical health and self-care.

## Effects of Homelessness

### Homelessness and Substance Abuse

Problematic substance abuse is when drug use dominates a person's life at the expense of other activities and has negative mental and/or physical side effects. Some studies suggest that substance abuse is a risk factor for homelessness, while others suggest that homelessness leads to drug and alcohol use (Neale, 2001, p. 354). Regardless of the direction of causality, the co-occurrence of substance abuse and homelessness limits social and familial ties, prevents gainful employment, and drains financial resources (Mahoney, 2006). Young people are particularly vulnerable to developing problematic substance abuse in the homeless population, and the homeless people who do have substance abuse problems usually remain homeless for 12 months or longer (Johnson & Chamberlain, 2008). Furthermore, lack of housing stability or employment may impede the individual's recovery from problematic substance abuse.

The relationship between homelessness and problematic substance abuse is complex and the experience is unique to each individual. For some, substance abuse develops as the homeless individual attempts to cope with the boredom, fear, or frustration of his or her daily life. According to Mahoney (2006), for individuals who reported an increase in substance abuse after they became homeless, the increase was often in response to self-reported mental health symptoms such as anxiety or depression. For others, substance abuse is part of the process of socialization into the subculture of homelessness (Johnson & Chamberlain, 2008). In this way, substance abuse among homelessness becomes a common form of adaptation for the purpose of survival. Vangeest and Johnson (2002) suggest that substance abuse negatively influences social support as well as a person's ability to maintain meaningful ties to society, thereby increasing vulnerability to homelessness and the need to integrate into the subculture of homelessness. Without stability of employment or shelter, it becomes very difficult to separate from the subculture of homelessness and substance abuse.

**Physical Health and Self-Care**

Homeless people experience higher than normal risks of morbidity and mortality and may experience significant barriers to accessing healthcare (Hwang, 2001). Inadequate access to shelter, proper nutrition and health care may result in poor physical health of homeless individuals. Homeless people are prone to a wide range of illnesses and diseases. Because of factors such as extreme poverty, delays in seeking care, nonadherence to medical recommendations, cognitive impairment and the adverse health effects of homelessness, the severity of the illness experience can often be astonishingly high (Wood, 1992). Besides a lack of financial resources or health coverage, homeless people face barriers related to competing priorities. Seeking health care services may be considered frivolous when obtaining food or shelter for the night takes precedence (Hwang, 2001).

According to a study conducted by Hwang and Bugeja (2000) in Toronto, 72 percent of homeless individuals with diabetes who participated in the study reported experiencing difficulties managing their diabetes, most often due to the inability to make dietary choices and the inability to get insulin and diabetic supplies when needed, as well as coordinate medication with meals. The authors concluded that the barriers created by homeless conditions prevent proper self-care skills and opportunities (Hwang & Bugeja, 2000). To combat this, relevant skill building and education on topics such as prevention, proper health maintenance and available community resources would be beneficial to the health of homeless individuals.

**Occupational Therapy and Homelessness**

The occupational therapy domain of practice involves focusing on human beings' ability to engage in meaningful and purposeful everyday life activities (AOTA, 2014). Studies have shown that homeless populations identify a number of areas of participation that are less than

satisfactory. Tryssenaar, Jones, and Lee (1999), for instance, conducted the Canadian Occupational Performance Measure (COPM) on 25 homeless individuals living in a shelter. The results of this study presented significant concerns with performance in the functional areas of employment, leisure activities, financial management, spiritual engagement, and relationships. As a profession rich in tradition of working with populations who face barriers to meaningful participation, occupational therapy has become a prime candidate for intervention with the homeless communities. Current literature has indicated a number of studies that present needs of homeless populations relative to occupational therapy skills, as well as positive implications from applied interventions.

Populations who utilize homeless shelter services come from diverse backgrounds. Some of the most common demographics include youths, victims of domestic abuse, and those with a history of mental illness or substance abuse. Life skills interventions have demonstrated performance improvements for these populations. A study by Helfrich & Fogg (2007) implemented interventions for homeless adults with mental illness to develop and retain life skills in the areas of room and self-care, food management, money management, and safe community participation. The participants indicated that the treatment enhanced their targeted areas of occupation, which improved their independence and overall life skill satisfaction. Another study found 62 percent of participants who engaged in life skills interventions based on the Model of Human Occupation (i.e. job seeking, budgeting, and nutrition skill development) demonstrated an increase in skill mastery scores (Helfrich et al. 2006).

According to the American Occupational Therapy Association, homeless communities have become an emerging area of practice for occupational therapy. A number of studies have demonstrated a need for client-centered interventions with marginalized populations who face

barriers to societal engagement. A qualitative study by Bradley, Hersch, Reistetter, and Reed (2011) indicated only 13 percent of the homeless participants felt like they were able to "facilitate participation" in meaningful occupations. Similarly, another qualitative study found the homeless shelter environment discourages independence, especially in the areas of self-care and leisure (Tryssenaar et al., 1999). Furthermore, a case study analyzed by Aviles and Helfrich (2006) demonstrated the value of occupational therapy assessments that assist homeless individuals with discovering their personal goals and motivations for success in life.

A systematic review of occupational therapy interventions with homeless people found forty relevant articles, but only three were experimental studies, and only four were descriptive studies (Thomas et al., 2011). Literature emphasizes occupational therapy as a potential effective resource for individuals facing barriers in homeless settings as a result of the relevant knowledge and skills held by occupational therapists. Despite this connection, there are very few studies exploring the value of direct occupational therapy interventions with this underserved population.

## Model of Occupational Empowerment

This study will be utilizing a theoretical model that developed from a group of occupational therapy students working in a women and children's homeless shelter. The Model of Occupational Empowerment (MOE) was born out of a need to have a more applicable occupational therapy theoretical model for the homeless population (Fisher & Hotchkiss, 2008) and continues to be the only occupational therapy theoretical model developed specifically for the homeless population. Fisher & Hotchkiss (2008) focused on five aspects to create the MOE: (a) disempowering environment, (b) occupational deprivation, (c) learned helplessness, (d) occupational empowerment, (e) occupational change.

**Disempowering Environment**

The dynamic systems approach in occupational therapy considers the important effect the environment may have on an individual's life (Cole & Tufano, 2008). Environmental factors typical for the homeless population can include poverty, mental and physical abuse, drug and alcohol promotion, non-nurturing parental upbringings, limited social support, and violence (Fisher & Hotchkiss, 2008). These factors create a disempowering environment that prevents individuals from obtaining education or other resources necessary to prevent homelessness (Fisher & Hotchkiss, 2008). In comparison to other theoretical models, the MOE recognizes the disempowering environment of the homeless population which can provide a unique perspective to those working in institutions directly serving their needs.

**Occupational Deprivation**

Occupational therapy emphasizes the importance of a person's ability to engage in meaningful occupations; however, disempowering environments can lead to an absence of meaningful occupational involvement, also defined as occupational deprivation (Fisher & Hotchkiss, 2008). The developers of the MOE found that the women in the shelter had experienced a lifetime of occupational deprivation due to a lack of education and social experience, and in turn their situations encouraged the development of maladaptive occupational routines involving substance abuse and unhealthy relationships (Fisher & Hotchkiss, 2008). It is anticipated that staff members of homeless shelters could better serve the homeless population with an increased understanding of the importance of healthy occupational involvement.

**Learned Helplessness**

Learned helplessness syndrome was first recognized by psychologist Martin Seligman in 1975 at the University of Pennsylvania (Fisher & Hotchkiss, 2008). Learned helplessness occurs

in situations where individuals have limited control of their lives, but are rendered powerless to change or improve their life circumstance (Fisher & Hotchkiss, 2008). This behavior has become apparent among homeless and extreme impoverished populations and can be exacerbated by additional abuse such as with women experiencing domestic violence (Fisher & Hotchkiss, 2008). High rates of depression have been documented among the homeless population and associated as a possible effect of learned helplessness (Goodman et al., 1991). Additional indicators of learned helplessness within the homeless population include generalized passivity, apparent indifference, and unwillingness to utilize the services available to them (Goodman et al. 1991). Knowledge of the learned helplessness syndrome can lead supporting organizations of marginalized populations to provide the needed programing to guide individuals out of learned helplessness to become occupationally empowered.

**Occupational Empowerment**

"Empowerment is the process of supporting others in the development of self-initiative and independence, so that they can make wise decisions, manifest health and productive behaviors, and increase self-fulfillment and well-being" (Fisher & Hotchkiss, 2008, p. 65). It is the job of occupational therapists to use their knowledge, skills, and techniques to enable clients to participate in occupations of importance. Occupational empowerment occurs as a therapist releases control and allows the client to complete a task independently (Cole & Tufano, 2008). Empowerment is an essential aspect of the MOE and "leads to [the] development of positive occupational identity and competence." (Fisher & Hotchkiss, 2008, p. 65). Occupational therapists may implement self-management techniques in order to allow self-direction in

combination with motivating support groups to evoke empowerment within homeless shelters and soup kitchens (Cole & Tufano, 2008). The goal of occupational empowerment when utilized as part of the MOE is to lead a marginalized individual from a lifetime of learned helplessness to a future of occupational change.

### Occupational Change

The developers of the MOE found surprising results after the implementation of an empowerment group program at the women and children's shelter and showed potential for duplicating results in other environments (Fisher & Hotchkiss, 2008). Weekly group empowerment meetings led to women banding together for exercise, support, socialization, improved hygiene, and wellness (Fisher & Hotchkiss, 2008). Occupational involvement led to occupational change and it was evident in smiles and laughter that the women's moods were uplifted (Fisher & Hotchkiss, 2008). The findings from Fisher & Hotchkiss (2008) through the development of the MOE demonstrated that programs that allow individuals the opportunity to evoke control within their life through the participation of meaningful occupations, can lead to positive occupational change.

## Research Implications

Our literature review revealed an abundance of research related to the effects of homelessness, as well as the role of occupational therapy and the theories applicable to this population. Many articles consider the viewpoints or communicate the narratives of individuals who are currently or have in the past been homeless; however, the perspectives of the individuals who work with and for the homeless population are grossly underrepresented in literature pertaining to this population. This needs assessment seeks to understand the frame of reference of the individuals employed at the Guiding Light Mission (GLM), a community-based resource

in western Michigan. Of particular interest is how GLM serves its recipients, including the strengths and limitations of this resource and how to best provide occupation-based services in order to empower recipients. The intent was to determine if the staff members of GLM believe that the current services offered are sufficient to promote increased participation in activities the participants find meaningful.

## Purpose Statement

This qualitative study seeks to determine the perceptions of the staff at a homeless shelter in West Michigan regarding the need for occupation-based services within the facility. Additional areas of inquiry will focus on the staff's perceptions of the efficacy of services currently offered. The purpose of this needs assessment is to inform future studies that will be used to provide occupation-based services to homeless shelter recipients and staff.

## Research Questions

What is the perceived efficacy of services currently available to recipients of West Michigan homeless shelters? Do the staff members perceive a need for occupation-based services for the recipients?

## Methodology

### Study Design

A phenomenological design guided this qualitative study on the basis that there are multiple ways of interpreting the same experience (Creswell, 2013). Research was conducted with the intent to understand the experience of homeless individuals as perceived by the staff members at the GLM. Researchers chose to conduct semi-structured one-on-one interviews in order to accommodate the schedules of the GLM staff. Three researchers conducted separate

interviews simultaneously, using a pre-determined list of seven key questions; follow up questions were developed in response to participants' responses. The key questions are included in Table 1.

**Population**

Participants in this study included eight paid staff members of GLM in Grand Rapids, Michigan. Semi-structured interviews took place on site in staff offices. All participants volunteered to participate in the study and did not receive any form of compensation for participation. Participants were advised that their identities would be anonymous. Participants varied in educational background, work experience with the homeless population, gender, and contact hours with service recipients.

**Data Collection and Analysis**

Three researchers conducted one-on-one interviews over the course of a 3-hour period. Interviews were audio-recorded using equipment owned by Grand Valley State University. Audio recorders were piloted to ensure researcher familiarity with the devices. After the semi-structured interview process had been conducted, a hired transcriptionist transcribed audio recordings. Thematic analysis was utilized to enable discovery of patterns and developing themes (Creswell, 2013). Analysis occurred in six phases: 1) familiarization with the data; 2) generating initial codes; 3) searching for themes among codes; 4) reviewing themes; 5) defining and naming themes; and 6) producing the final report. Researchers reviewed the transcribed document, and assigned labels to individualized units of text. The 591 initial labels were ranked

by frequency of use into a pivot table, after which researchers completed open coding of the labeled text. Initially, 17 open codes were identified. Lastly, researchers narrowed the 17 initial codes into three main themes tough axial and selective coding to address the original research questions: What is the perceived efficacy of services currently available to recipients of West Michigan homeless shelters? Do the staff members perceive a need for occupation-based services for the recipients?

The main themes, with subthemes, are as follows: Barriers (substance abuse, criminal background, attitudes), Services (program requirements/expectations, spirituality, empowerment), and Life Skills (roles, job skills, relationships). These themes were identified and agreed upon based on their relevance to the research questions and their ability to amplify the experiences of GLM recipients. These themes and subthemes are discussed in further detail in the results section of this paper.

**Trustworthiness**

The aim of trustworthiness in a qualitative inquiry is to support the argument that the inquiry's findings are "worth paying attention to" (Lincoln & Guba, 1985, p.290). This study demonstrates credibility through triangulation of sources, comparing the responses of different staff members with different positions within GLM. The diverse opinions solicited through the interview process yielded diverse perceptions of the needs of service recipients. Furthermore, analyst triangulation was also demonstrated due to the presence of multiple analysts in the interview and data analysis process. By describing a phenomenon in sufficient detail one can begin to evaluate the extent to which the conclusions drawn are transferable to other times, settings, situations, and people. Transferability was achieved because of the depth of interviews and the open-ended questions utilized in the interview process. This study demonstrates

dependability through external audit. External audits involved having a research advisor and research committee, who were not involved in the research process, actually examine both the process and product of the research study to evaluate the accuracy and whether or not the findings, interpretations, and conclusions are supported by the data. This study demonstrates confirmability via an audit trail and the use of raw data in the form of recorded interviews, transcripts and pivot tables in order for an auditor to determine if the conclusions, interpretations and recommendations can be traced back to their sources and if they are supported by the inquiry.

## Results

### Barriers

**Substance abuse.** The GLM offers the New Life in Christ program, which is a comprehensive drug and alcohol program targeted at those who need a long-term safe recovery environment. During the interview process, staff of GLM communicated that substance abuse was often a barrier preventing recipients from meaningful engagement in life occupations. Many of the recipients are impeded from employment by substance abuse, as "some people [service recipients] have a great work history, but their abuse problems with alcohol or drugs has really hampered their ability to be sustainable…." (D, 168-169). Furthermore, the recipients of the residential treatment program are diverse in age and socioeconomic status, for "substance abuse is no respecter of age and gender and vocation. Within the last year, we have had a chiropractor in our program" (C, 184-185). Often, denial regarding the impact of substance abuse on a purposeful existence is the greatest barrier. "When I interview an individual [going back to the question on barriers], and with individuals not being honest, I wish there was……what I realize

like some of them that come into the Back to Work program that actually need to go into the New Life in Christ substance abuse program, that they would get [realize] that" (A, 98-101).

**Attitudes.** The attitudes of the service recipients upon admission to the GLM programs are often perceived as negative by the GLM staff. Furthermore, these recipients may hold negative attitudes regarding their own abilities or possibilities for recovery. "….That is one of the barriers that a lot of us face. We tend to have very low self-esteem. We sell ourselves short a lot in what we can do" (D, 29-30). Some recipients may harbor resentment, especially if their participation at GLM is court-ordered. Often there is a desire to leave the program, "[we] tend to see quite a bit of resentment about that because usually when an addict comes in here, they want their way so they will push back on that pretty hard" (G, 187-188). In fact, the one population that staff is wary of are the individuals that come to the program because of court appointments, because "they are mandated to be here and so their reason for being here is not usually good. Those don't normally work out" (B, 353-354).

**Criminal background.** A history of criminal activity is often a barrier from employment or acquiring stable housing among homeless individuals (Fielding & Forchuk, 2013). Staff at GLM frequently cited criminal background as a major barrier for their service recipients, stating "vocation, job, housing, debt, criminal, their record [as barriers], 60 percent of our men have felonies so all those are huge barriers for sustainability" (G, 94-95). Furthermore, this has also become a major setback when seeking funding for their nonprofit services, "the biggest impediment that we have had huge pushback from the city is criminal sexual conducts….because we are privately funded and a lot of church people and a lot of Christians….then they pull their money back" (B, 232-239). GLM maintains a relationship with the district court for the purpose of removing petty legal issues from court records "because employers are watching that stuff

so….that can be a detriment from going to work. Again, we have all made stupid mistakes early in our life, and some of those mistakes stay there forever" (E, 188-190).

**Services**

**Program requirements and expectations.** GLM provides a number of services designed to improve social, physical, spiritual, and intellectual needs of its recipients. In order to ensure prolonged success within each service, the staff of GLM enforces strict expectations and requirements of the recipients. Many of these expectations were discussed during the interview process. First and foremost, the setting maintains consistency through a "very, very structured environment, zero tolerance on drugs and alcohol" (B, 63). Positive financial choices are a targeted concern for the program as staff noted, "they (recipients) save 75 percent of what they make so that when they leave they have enough money for an apartment, to pay off any debt, for deposits and enough to at least get them back to where they are prepared to re-engage society and to do what they need to do" (B, 65-68).

Among the program environment is an expectation of reciprocation and dependability. Staff explained, "We are self-sufficient so everybody has to participate in some type of work therapy where they help us from cleaning the showers to serving food, the maintenance on the building…all of that, we do as a team effort" (A, 54-56). Furthermore, the New Life in Christ program strictly enforces guidelines designed for successful substance abuse recovery. Staff explained, "We are very involved at this point in Alcoholic's Anonymous and Narcotic's Anonymous, so every guy is asked to find a sponsor in either of those programs. They are required to attend seven meetings a week, so on any given day, they are going to a different location for those meetings" (D, 58-60). GLM program services are provided to the recipients free of charge, but do require many levels of responsibility and engagement to remain effective.

**Spirituality.** Faith is often a source of comfort and guidance for those who may have little else to support them in times of struggle. The perceived positive impact of a faith-driven program became evident during the interview process with GLM staff. One participant explained:

> We believe that a Christ-centered life is important to a healthy recovery. We offer the ability to have a biblical insight…. Now does not mean that a man is required to accept Christ in order to graduate this program? That is not our [goal], but we want to offer the insights...through church experience, through a mentor, through a sponsor, through the spirituality of AA (F, 52-57).

Spirituality and faith are intertwined in the programs of the organization to provide opportunities to heal, and to recognize how to make positive choices through spiritual role models and guidelines. Recipients "Tend to have somewhat of a spiritual transformation….as you can imagine, we have folks who are pissed off at God so we work through those issues…we provide the opportunity to grasp onto it [spirituality]" (E, 273-277). Christianity is not forced on recipients, "The culture of the organization is we invite you…if I [staff member] have a Muslim here, I provide space for them to pray. I happen to be comfortable with my Jesus, but I will give you space for yours. I will not evangelize you" (E, 371-373). Spirituality is encouraged in many forms, as long as the value of faith and support is utilized through the recipients' healing process.

**Empowerment.** The recipients of GLM services are in need of support and guidance as they work towards recovery and community reintegration. The staff of the organization perceive their services as providing this support and empowering their recipients with the skills and opportunities necessary for success. Finding employment is among the most immediate needs of

recipients. The staff explains they "Build relationships and culture relationships with businesses so that they will give a guy a shot….And it seems to work. We [staff] seem to have very little difficulty helping a guy find work" (C, 147-150). Depending on the specific needs of the recipient, a number of services may be utilized to develop other community skills. The program attempts to "Equip men so that they can re-engage in society well after this program. We [staff] attempt to do that through group, through AA meetings, through our experiences in some counseling that they have available to them" (F, 41-45). Although the staff perceives their contributions to be important to the success of the programs, a consensus was drawn regarding the responsibility of the recipient to ultimately apply the empowering services provided to them to make a change. Staff believe, "You make or break your own recovery. It's up to you. We [staff] provide what you need, but it is up to you to take it, use it, run it" (C, 292-293).

**Life Skills**

**Roles.** The GLM helps the men of its New Life in Christ substance abuse and Back to Work programs learn important life skills by establishing clear roles for recipients and staff members of both programs. "What we do is we have men become part of our staff actually. So the men run the program" (F, 159-160). Recipients of the New Life in Christ program hold jobs within the facility in the areas of cooking, security, or maintenance while attending Alcoholics Anonymous meetings, bible studies, and worship services to begin living a life free of alcohol and drugs. In regards to a typical schedule, staff explained, "There is usually at least one class a day, anything from recovery related to vocationally related to varied topics. They eat together. We meet at 8:30 in the morning every day. Each man shares something that is going

on his life during that time" (G, 57-59). Staff members overseeing the programs perceived themselves as holding important roles within the organization to further encourage recipients to stay substance free. Staff members provide tangible examples of recovery as AA sponsors, and also consistently perceived their roles within the mission as being mentors for the recipients to help instill the life skills needed to cope with daily struggles:

> Life skills that the men have that when they leave here….and then actually having the confidence in themselves and the ability to go out and utilize again those skills that have been brought up inside our group, inside of our sessions here in the program to become healthier members of society (F, 58-66).

**Job Skills.** The Guiding Light Back to Work program specifically focuses on finding jobs and saving money while providing recipients with free food and shelter. Staff members perceived themselves as helping recipients utilize current skills to find employment. "He [Program Director] sits down with them and goes over what skills they have if they have anything, say from welding to forklift driving, what positions he knows of that are available. We try to put them in line with that the best that we can" (A, 91-93). Most recipients in the Back to Work program are perceived by staff to have many skills upon entering the program that are highlighted during the employment search process:

> Most guys have a skill that is more developed than I thought, especially our guys over 30. A lot of times it has to do with their hands but it is usually mechanical. Woodworking….we have had many here with a master's degree, we have had a nurse, and it has surprised me the skill level of the men here (G, 101-104).

Job skills were perceived to be available; however, finding ways to utilize skills while maintaining sobriety was perceived to be more of a focus of the staff members working to find employment for program recipients:

> I think for us it is difficult, because in our program, we are not just using job placement but also recovery of drugs and alcohol, and so when you mix those 2 together, you have a lot more factors involved you know than just looking for work and trying to sustain work. You are also saying, how do I, you know, stay sober? …..50 years an alcoholic….. So I think the risks are a lot higher for the men that come through our program than for the average Joe who is just looking for work" (F, 104-110).

In lieu of substance abuse challenges, one staff member perceived himself focusing on environmental influences along with job skills during the job placement process. "We try to ask two questions - was their past job an influence on their addiction? And secondly, what else can they do?" The staff then make suggestions according to the answers, "Is there anything that we could transfer to something else that would be considered a different occupation but transferable skills into that other occupation" (G, 108-112).

**Relationships.** The GLM focuses on the establishment of positive and healthy relationships for its recipients. Staff members perceived the ability to learn how to build healthy relationships with others as a critical part of the recovery process. One recipient explained:

> They know how to have relationships and they know how to walk up to someone and be able to have a conversation that can be meaningful and could possibly lead toward deeper friendship and relationship as opposed to the surface level or the introvertedness behind when they would lock themselves in their basement and drink or when they would isolate themselves often from the community, from their family members, and not have to deal

with the issues emotionally, spiritually and physically that they have to deal with (F, 59-64).

Unhealthy relationships within the recipients' lives were perceived as a common problem inhibiting the recovery process. "A lot of them [recipients] won't accept the fact that they could be in an unhealthy relationship which causes a lot of failure for individuals, especially in Back to Work, to leave early…." (A, 39-41). Furthermore, relationships with the opposite sex were considered to be detrimental to the recovery process:

> So I tell guys all the time, I am like, look, hey women are great, they are beautiful, they are good, they are this and they are that, stay away from them for now. Get back on your feet, get established, get to where you need to be with your bills and stuff, then if you want to start dating and seeing people again, have at it, but guys that are dating women while you are living in a shelter, I mean, that is just not a real good recipe for success. And they end up spending all their extra money on them and trying to keep them happy, and it ends up being a huge, huge, huge negative for the guys in the program (B, 126-132).

The GLM staff members perceived a successful aspect of the organization to be the manner in which members of the staff get to know the participants and build supportive relationships. One staff member noted, "We are very small and intimate so I know everyone's name, I get to hang out with them if I want to, and I am not afraid to tell them my life story and the bumps that I may have had." He then goes on to explain the supportive role staff plays in the facility, "We get to cheerlead, we get to applaud, we get to pray with them, so what is nice here is the men on staff really get to interact with the men in recovery or shelter and get to tell their stories" (E, 74-78).

## Discussion

The Occupational Therapy Practice Framework (OTPF) is an official document created by the American Occupational Therapy Association (AOTA) for occupational therapy practitioners and other healthcare professionals to reference within occupational therapy practice (AOTA, 2014). According to the OTPF 3rd edition, roles are sets of behaviors expected by society and shaped by culture and context; routines are established sequences of occupations or activities that provide a structure for daily life (AOTA, 2014, p. S8). Roles and routines can promote or damage health. The narratives provided by GLM staff highlighted the roles of the program recipients within their assigned mission jobs and/or new found employment, and emphasized it as a top requirement for participation within the program. The New Life in Christ and Back to Work programs both utilized regular daily routines to guide recipients through recovery. Recipients are required to attend early morning bible studies, scheduled meal times, worship services, along with their employment schedule requirements. Nightly curfews are also put in place to further enforce a consistent daily routine among recipients. Prior to admission to GLM, many of the recipients occupied roles and followed routines that may have been harmful. Replacing those maladaptive roles and routines with ones that are meaningful will support recipients in their pursuit of goals for employment, housing, and recovery.

According to the OTPF 3rd edition, occupations are "the daily life activities in which people engage" (AOTA, 2014, p. S6). Occupations can be categorized as "activities of daily living (ADLs), instrumental activities of daily living (IADLs), rest and sleep, education, work, play, leisure, and social participation (AOTA, 2014, p. S6). Engagement in occupation is of particular concern for occupational therapy professionals who "recognize that health is supported and maintained when clients are able to engage in home, school, workplace, and community life

(AOTA, 2014, S7). At GLM the recipients are empowered through the occupations of employment, community participation, social participation, home management, meal preparation, and financial management.

However, the narratives provided by the staff at GLM revealed some gaps in the services currently provided. Areas of occupation that were found to be less of a focus within the programs provided include leisure, education and self-care. Recipients currently have unstructured leisure time in between required scheduled activities. The staff perceived these areas of occupation to be less of a need for recipients or not an area of concern for staff members. Through informal and formal assessments of the needs of staff and recipients, occupational therapy professionals could assist GLM to develop client-centered leisure activities to engage recipients outside of work. Occupational therapists would encourage the participant's leadership in planned leisure activities as a method of further empowering individuals during their recovery process. It is anticipated that the staff members of GLM could better serve their recipients with an increased understanding of healthy occupational involvement, and the need for occupational balance among recipients.

Self-care includes the physical aspects of caring for one's body; however, there are emotional and psychological aspects of self-care as well (Hammell, 2009). Emotional and psychological aspects of self-care may be group or one-on-one counseling. Over the past year, previously offered counseling services within GLM have been eliminated; currently individuals with mental illnesses are referred to other community organizations for psychological counseling. Occupational therapists could fill this gap in service by utilizing occupation-based mental health assessments among GLM recipients. Therapists also possess the skills to lead

group therapy interventions that focus on the importance of self-care while introducing interventions for developing positive coping mechanisms.

Furthermore, education is not emphasized within the programs offered by GLM. Programs that allow individuals the opportunity to evoke control within their life through the participation of meaningful occupations can lead to positive occupational change (Fisher & Hotchkiss, 2008). Assisting GLM recipients to obtain their GEDs or pursue higher education would enable them to evoke control over their own lives and combat learned helplessness, thereby reducing dependence on community-based resources. Occupational therapists are uniquely equipped to evaluate an individual's learning style, assess his or her interests and abilities, and design programming tailored to the unique needs of the individual. Furthermore, an occupational therapist could provide support in programs that would empower recipients by enabling them to design and lead activities for their peers.

**Limitations**

This study has both strengths and weaknesses. Although the semi-structured one-on-one interview style was accommodating and encouraged a private setting, the difference in interviewer styles may have impacted the direction and nature of the questions asked. Despite the interviewer differences, the themes that emerged among the responses were similar. Additionally, it is understood that individuals are often intimidated or affected in some way by the presence of recording devices. The interviews in this study were conducted with audio recorders present, which may have impacted the responses and overall comfort level of the participants. Furthermore, an additional limitation of the study is that participants were from only one site; future studies could focus on other community resources serving the homeless population. There were a total of seven volunteer participants, which represents only a portion

of the staff of GLM. Gaining perspectives of a greater number of staff members working with the recipients would provide more insight into the needs of the targeted population and further define the gaps in services available. This study was conducted in one organization within an urban area of western Michigan. The results, therefore, are not generalizable to the varied and numerous needs of underserved homeless populations across the state, the country, or internationally.

**Implications for Future Research**

The findings of this needs assessment may be used to inform future studies to provide occupation-based services at other West Michigan homeless shelters. There are very few studies exploring the direct effect of occupational therapy interventions within homeless shelters. This needs assessment identifies the need for occupation-based services within the homeless shelter setting, and may justify the provision of these services for future studies. Furthermore, these findings highlight the potential benefit of providing opportunities to educate the community on what occupational therapy can offer the homeless populations as well as the organizations that serve them. This educational impact can be executed at the professional or student level through engagement in local community meetings, service learning activities, future research, and the provision of occupation-based in-services.

## Conclusion

The intent of this needs assessment was to determine if the staff of GLM believe that the current services offered are sufficient to promote increased participation in activities the participants find meaningful. Through their narratives, the staff described a service that empowers its recipients through work placement, supports its recipients with stable housing, and engages the recipients in the recovery from substance abuse. With an emphasis on roles,

routines and responsibilities, the staff members establish a safe community in which the recipients may gain a sense of occupational empowerment. However, a gap in provided services was identified related to the occupations of leisure and education in order to provide the needed programming that may guide individuals out of learned helplessness to become occupationally empowered.

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Table 1
*Key Questions for Semi-Structured Interviews*

1. Can you describe any additional programs that are in place to engage recipients outside of regular meal times?
2. How do you feel that the services provided by the Guiding Light Mission empower the recipients to be self-sufficient?
3. Can you please describe goals that participants have expressed to you in the past or goals you think they should express? What types of barriers will the recipients face in meeting these goals?
4. What are your perceptions of the job skills of the average Guiding Light Mission recipient?
5. Can you identify any community-based programs or services you think the recipients would benefit from?
6. What are some common interests and leisure pursuits identified by recipients? How satisfied do you believe the participants are with their engagement in leisure activities?
7. To what extent are recipients involved in the operation of the Guiding Light Mission?

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