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Laura Opie
Grand Valley State University

Lauren Goldstein
Grand Valley State University

Ashton Roth
Grand Valley State University

Ella Savalox
Grand Valley State University

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A Family's Perception of Occupation-Based Activity Sessions

During their Transition to Permanent Housing

Laura Opie, Lauren Goldstein, Ashton Roth, Ella Savalox, and Scott Truskowski

Grand Valley State University

Homelessness is an experience that transcends socioeconomic status, ethnicity, educational attainment, disability status, and life stage. The 2017 Point in Time count, a study conducted on one night annually to assess the current number of people experiencing homelessness, reported 298 individuals making up 81 families were experiencing homelessness in Kent County, Michigan (Grand Rapids Area Coalition to End Homelessness, 2017). Although the rates of homelessness have decreased in recent years, family homelessness continues to present at alarming rates in Michigan, specifically in Kent County. This is evident when comparing the percentage of the homeless population comprised of families nationally in 2016 of 35% to the percentage of the homeless population comprised of families in Michigan of 61% (U.S. Department of Housing and Urban Development, 2016). This significant disparity supports the development of services designed to meet the needs of families experiencing homelessness in the state of Michigan.

Income disparity results in significant housing instability for low-income families (National Low-Income Housing Coalition, 2017). Transitions from homelessness to permanent housing are difficult to navigate and require families to develop effective coping skills to successfully resolve this period of instability. The disorienting nature of transitions causes many individuals to have difficulty mastering these skills, resulting in difficulty establishing and maintaining stable housing and increasing the likelihood of recurrent homelessness. Due to the holistic approach outlined by the occupational therapy (OT) process, practitioners have the unique ability to develop client-centered intervention plans to help families cultivate the adaptability and resilience required to successfully navigate these transitions. While there has been little research regarding OT intervention with homeless families in transition, there has been research conducted on components of this complex topic, such as: transitions, the lived-experience of homelessness, housing stability, and intervention approaches used with individuals experiencing homelessness.

The aim of the present study was to evaluate families' perceptions of the effect of occupation-based activity sessions on their ability to successfully resolve their transition from a period of homelessness to permanent housing. The following research question was posed: in what ways do family-centered interventions affect the lived-experiences of families transitioning to permanent housing?

Literary Support

Families typically experience homelessness as a transitional progression that shifts to and from stable housing (Donley, Crisafi, Mullins, & Wright, 2017). Family management in this social and physical environment presents case-specific limitations and difficulties to all family members. Depending on the timing and progression of the transition, the establishment of maladaptive habits and routines may have long-term consequences on the family's future growth (Tyler & Schmitz, 2013). It is critical that families seek out opportunities to master the necessary skills to transition successfully from homelessness and maintain long-term housing stability. Occupational therapists have the distinct skill-set required to cultivate environments that create opportunities for families experiencing homelessness to engage in meaningful occupations (Roy, Vallée, Kirch, Marshall, Marval, & Low, 2017).

Based on the recommendation of those experiencing homelessness, interventions should focus on improving stress management and independent living skills (Muñoz, Reichenbach, & Hansen, 2005). According to Meleis, Sawyer, Im, Messias, and Schumacher (2000), programming is often disempowering or inconvenient for families experiencing homelessness and does not focus on the acquisition of necessary skills and preparation for the future. Transitions, especially within the experience of homelessness, often carry stereotyped meanings and stigma (Meleis et al., 2000). External perceptions of homelessness are likely to interfere with a family's emotional expression of their experience, which may inhibit the healthy progression and resolution of the transition. Stereotypes, coupled with the uncertainty, distress, interpersonal conflict, and worry that often accompany a transition, lead to a sense of alienation from familiar environments, relationships, and occupations, further perpetrating the inability to successfully resolve the transition (Schumacher, Jones, & Meleis, 1999).

Transitions are typically marked by identifiable events that connote movement between the initial anticipation of change, a period of instability, and resolution (Meleis et al., 2000). According to Schumacher et al. (1999), the most critical contributor to a successful resolution is the context in which the transition takes place. A supportive physical and social environment has the potential to reinforce or enhance the families' participation and occupational performance in their desired activities (American Occupational Therapy

Association [AOTA], 2014). Developing the ability to engage in meaningful occupations across environments can minimize the disorientation experienced during the neutral stage of the transitional process and counteract the negative impacts of stress (Walker & McNamara, 2013). Furthermore, encounters with people who help to ensure the exploration and development of these life-skills support the successful navigation and resolution of the transitional process (Peters, Galvaan, & Kathard, 2016).

Housing stability is another factor that affects the types of interventions implemented for families experiencing homeless and their transitional progression. Although financial income and current employment are important factors that contribute to housing stability among people who were recently homeless, there is evidence suggesting social support is also critical to achieving housing stability (Aubry, Duhoux, Klodawsky, Ecker, & Hay, 2016; Frederick, Chwalek, Hughes, Karabanow, & Kidd, 2014). When an individual experiencing homelessness is a member of a robust social network, he or she has access to additional reassurance and encouragement that would otherwise be unavailable throughout the transitional process (Aubry et al., 2016). The experience of homelessness often limits a person's ability to access these support systems. An occupational therapist can work with individuals experiencing homelessness to develop meaningful community and social connections.

The role and occupation of parenting is also greatly impacted by the disempowering and dehumanizing experiences associated with homelessness. Disempowerment refers to the prevention of a person from having the authority to influence his or her current circumstances, resulting in a reduced likelihood of independent success. It also refers to an individual's experience with deprivation of positive human qualities, personality, or spirit. When parents undergo dehumanizing experiences, it compounds the chronic stress experienced while trying to stabilize feelings of disorientation that occur during a transition from homelessness to permanent housing (Paquette & Bassuk, 2009).

Significant parental stressors often translate into difficulty providing support and encouragement to children. This lack of familial support and increased periods of instability have the potential to lead to heightened risk of negative long-term outcomes, such as a lack of trust, difficulty with communication and boundaries, and an avoidance of responsibility (Mayock, Corr, & O'Sullivan, 2011). Tyler and Schmitz (2013)

recognized that a lack of supportive relationships and a stable residence are likely to make successful transitions for children particularly difficult. Furthermore, experiencing homelessness during this developmental period is likely to increase vulnerability while decreasing adaptability and coping-skill development. Limitations may be compounded if the child has not had the opportunity to develop self-regulation skills, such as coping with stressors, social competence, behavioral control, and maintaining a positive mental health status (Paquette & Bassuk, 2009).

The phrase “double crisis” describes the dilemmas faced by the parents of families experiencing homelessness. This is evident in the parent’s need to cope with urgent survival issues, such as finding housing and providing for his or her children. The intense stress associated with the family’s current circumstances may simultaneously limit his or her parenting abilities (Monn, Narayan, Kalstabakken, Schubert, & Masten, 2017).

This barrier to cultivating a purposeful life is the entry point for OT intervention, which must occur during a specific time period where growth beyond basic needs is possible (Nicholls, 2010). Occupational therapists can work with families to identify meaningful occupations and develop necessary skills through family-centered interventions that empower families to establish and maintain housing stability.

Although OT does not have significant amounts of evidence regarding effective intervention plans that specifically address the barriers associated with homelessness, occupational therapists can provide holistic services that can benefit this population through examination of a wide range of client factors (AOTA, 2014; Petrenchik, 2006; Mayock et al., 2011) identified utilizing a strengths-based approach and reciprocal, collaborative communication as critical factors in facilitating positive change when working with youth in periods of homelessness. By using a strengths-based approach to establish family encouragement and increase intrinsic motivation, families have the potential to decrease children’s susceptibility to negative influencers and support the development of effective coping and transitional skills.

Additionally, when working with families, co-occupations should be given special consideration. Co-occupations are “occupations that are shared and done with others” (AOTA, 2014, p. S6). Parent engagement with their child in co-occupations, such as play, is critical to proper development. According to DeGrace (as cited in Price & Miner-Stephenson, 2009), a parent’s inability to engage in co-occupations with his or her child

may negatively impact the child's development. Occupational therapists have the skill-set to help teach parents various strategies and ways to engage with their child to provide enrichment and support (Price & Miner-Stephenson, 2009).

Guiding Occupational Therapy Theories

Occupational therapy theories serve as a philosophical base to inform intervention planning, as well as provide various assessment tools. The Model of Occupational Empowerment (MOE) was developed to effectively intervene with populations experiencing difficulties with personal empowerment and learned helplessness (Fisher & Hotchkiss, 2008). OT practitioners can collaborate with individuals to identify contextual factors that result in feelings of helplessness and marginalization to combat a disempowering environment (Fisher & Hotchkiss, 2008). After identifying these factors, the practitioner and client can implement environmental changes designed to facilitate a sense of control and empowerment.

Prior research has demonstrated that learned helplessness affects the homeless population, discrediting a person's confidence in his or her abilities, impacting health routines, and altering overall lifestyle choices (Flynn, 1997). Utilizing the MOE, practitioners can work with clients to lessen their tendency to fall into a cycle of learned helplessness, which has the potential to lead to client empowerment. The experience, interpretation, anticipation, and choices a person makes will impact the level of empowerment experienced via occupational participation. Occupational empowerment is the process of supporting others in the development of initiative and independence to allow for appropriate decision making, increased self-fulfillment, and the establishment of healthy, productive behaviors. Identifying clients' values and interests in a group setting has shown potential in encouraging self-initiative and independence. Thus, developing a fuller understanding of one's abilities and empowering the individual to engage in desired occupations (Fisher & Hotchkiss, 2008).

The Model of Human Occupation (MOHO) is a foundational theory in OT that addresses a person's motivation, performance, and participation in everyday activities. According to Forsyth et al. (2014), by following the basic components of MOHO, the occupational therapist can assess the client's performance capacity, habituation, and volition through an initial interview and the utilization of an assessment tool to provide client-centered and meaningful interventions. Performance capacity is a person's underlying mental and

physical abilities and how he or she uses those abilities, habituation is how people organize their actions into roles and routines, and volition is the process by which people are motivated to choose what activities they participate in. Additionally, the environment can be examined through the physical and social environment in which a person performs (Forsyth et al., 2014). According to Kavanagh and Fares (1995), increasing a person's feelings of self-worth, opportunities for success, and feelings of control is crucial if a person experiencing homelessness wants to be successful in living independently, further supporting the use of MOHO in this study.

Methods

Study Design

The design of the present study was rooted in a qualitative, phenomenological, and hermeneutical approach. These research techniques were selected with the aim of developing a comprehensive understanding of the lived experiences of participants by analyzing the perceived meanings of their behaviors and narratives. The affiliated university's Human Research Review Committee approved the proposed methodology. Researchers utilized multiple data collection techniques, including interviewing, note-taking, reviewing written and visual documents, and audio recordings. The family's perceptions of their experiences were examined during the transition from a period of homelessness to permanent housing through a thematic analysis of the final interview. Final themes were developed to provide insight to the participants' lived experiences, supporting application of findings to current OT practice.

Instrument: The Occupational Self Assessment

The Occupational Self Assessment (OSA) is a criterion-referenced, self-report evaluation tool based on the four constructs of MOHO: performance capacity, habituation, volition, and environment. The OSA is designed to capture the participant's perspective on his or her competence and respective value of each MOHO construct (Baron, Kielhofner, Iyenger, Goldhammer, & Wolenski, 1998). In practice, the OSA allows an occupational therapist to collaborate with the client while identifying goals, developing an intervention plan, and evaluating outcomes. Please see Appendix A to reference the two OSA forms: Myself Short Form and My Environment. The combined results of these forms provide a holistic perspective of a person's perceptions of his or her strengths and weaknesses when engaging in daily occupations. Within the present study, the use of

the OSA facilitated the development of activity sessions that were client-centered and addressed the MOHO constructs with the largest disparities between perceived competence and value.

Kielhofner, Forsyth, Kramer & Iyenger (2009), examined three studies that used a Rasch analysis to determine the internal validity, sensitivity, and reliability of the OSA competence and value scales. Good internal validity was determined because of the uni-dimensionality of the scales, which indicates items are valid measures of competence and values for performance and participation. Results examined for sensitivity indicated an improved person separation index, which indicates the assessment tool is able to differentiate between participants while maintaining consistency within the rating scale. Reliability is evidenced by 90% of participants completing the OSA in a consistent manner and only a small portion of participants responding to the items in an unusual response pattern (Kielhofner, Forsyth, Kramer, & Iyenger, 2009). Furthermore, the OSA competence items, value items, and rating scale were found to remain stable across administration, which coincides with previous research that found the hierarchy of items on the scale remained stable over time (Kielhofner, Dobria, Forsyth, & Kramer, 2010).

Procedure

Recruitment. The present study was affiliated with a housing-first program located in West Michigan. All families recruited for the present study were currently receiving or had previously received services from this organization. Researchers collaborated with the housing-first program to distribute an informational flyer describing the research study to families currently transitioning to permanent housing. As families indicated interest in participating in the study, demographic information was reviewed and adherence to all inclusion and exclusion criteria was confirmed.

Inclusion criteria. Criteria for participation included being a member of a family. For the purpose of this study, a family was defined as one parent and/or guardian and one child with a biological relationship. The parent/guardian must be over 18-years-old and the child must be under 18-years-old. Additionally, the parent/guardian must act as the primary caregiver for the younger family members at least three days per week.

Exclusion criteria. To support the use of the selected assessment tools, an inability of at least one parent/guardian to speak and read English at a sixth-grade reading level resulted in exclusion from the study.

Furthermore, if this parent/guardian did not attend every meeting and failed to reschedule after multiple communication attempts, the family would be excluded. To preserve the integrity of this research, fluid family structures comprised of alternating parental figures or non-biological relationships were excluded.

Consent. Researchers obtained written consent from all family members 18-years-old and older and verbal assent from children who had not yet learned to read and write. Pseudonyms for each family member (role in which they identified within the family unit) and family unit (numeric value based on order of contact) were assigned to ensure the anonymity of the families and protect them from harm.

Interaction with families and development of activity sessions. Initially, three families consented to participate in the research study. During the initial meeting, researchers administered the OSA and gathered an occupational profile. Following the initial interview, Family 1 and Family 2 were unable to schedule activity sessions consistently and were excluded from the study. Family 3 met all inclusion criteria and participated in all scheduled activity sessions. Family 3 was comprised of a mother under the age of 30 and two children under the age of three. The mother identified three goals that were meaningful to her family and relevant to the progress of her transition. Researchers then developed three intervention plans that would address the goals set with the family. Session one focused on co-occupations and task readiness with the mother and her oldest son. A sensory exercise program specific to the child's needs was developed and taught to the mother and son during the session. Additionally, a visual schedule was created with the family and hung in the child's room. Session two focused on community exploration. Researchers created a community resource sheet with information such as a library, park, and social group hours and locations and gave it to the mother to reference in the future. The family and researchers also located and traveled to a nearby park with a splash pad during the session and engaged in water activities. The final activity session consisted primarily of skill-building activities for the mother, such as developing and implementing an organizational system and weekly planner. A final interview was conducted two weeks after the final activity session to allow for implementation of strategies and reflection on the impact of OT activity sessions. Researchers recorded and transcribed the final interview and reviewed the transcript to ensure accuracy. Researchers then coded, themed, and analyzed results from this interview.

Data Analysis

Data gathered during the intervention process was stored on the university's secure OneDrive database. Researchers reviewed collected data to develop a list of significant statements, or codes, and further grouped these codes into broader interpretations of the information, or themes. To develop the codes and themes, researchers reviewed the transcript of the final interview independently and engaged in reflective conversations to develop an understanding of the family's perceptions of their experiences throughout the course of the study. By examining these concepts, researchers were able to interpret the significance of these experiences on the transitional progression from homelessness to stable housing (Creswell & Poth, 2018). Please see Appendix B for a codebook detailing the developmental progression of codes and the resulting themes. Researchers gave each theme rigorous and thoughtful appraisal, further conceptualizing the information to develop a larger, more theoretical understanding of the data. This information was further interpreted with the interest of identifying implications for future OT practice and research.

Trustworthiness. Credibility was established through peer debriefing and prolonged engagement. To ensure transferability, researchers developed rich descriptions of the context, location, and people studied. Audit trails were collected over the course of the study to establish dependability and ensure the participants' anonymity was protected. Researchers established confirmability through triangulation by working independently to document interactions and findings, reflecting on information gathered, and engaging in reflexive conversations surrounding the themes and implications of data. This collaboration ensured data collection and analysis processes preserved the integrity of information collected and did not reflect predispositions or biases held by researchers that may impact the implications of the study.

Results

Occupational Self Assessment Results

The OSA was administered to all participants during the initial interview and again to Family 3 upon completion of three activity sessions. Family 3's pre- and post-results were compared to measure the family's perceived growth, stagnation, or decline following occupation-based activity sessions. Due to participant drop-

out and limitations of a criterion-referenced tool, OSA results from Family 1 and 2 were omitted during the final data analysis.

Myself Short Form, Family 3. Initial results indicated a competence total of 40/48, with results for each construct as follows: performance capacity 16/20, habituation 14/16, and volition 10/12. The value total was 29/36, with results for each construct as follows: performance capacity 14/15, habituation 8/12, and volition 7/9. Final results indicated a competence total of 44/48, with results for each construct as follows: performance capacity 20/20, habituation 13/16, and volition 11/12. The value total was 31/36, with results for each construct as follows: performance capacity 15/15, habituation 8/12, and volition 8/9.

My Environment Form, Family 3. Initial results indicated a competence total of 23/32, with results for each environment as follows: physical 19/24 and social 4/8. The value total was 25/32, with results for each environment as follows: physical 16/24 and social 6/8. Final results indicated a competence total of 27/32, with results for each environment as follows: physical 22/24 and social 5/8. The value total was 23/32, with results for each environment as follows: physical 19/24 and social 4/8.

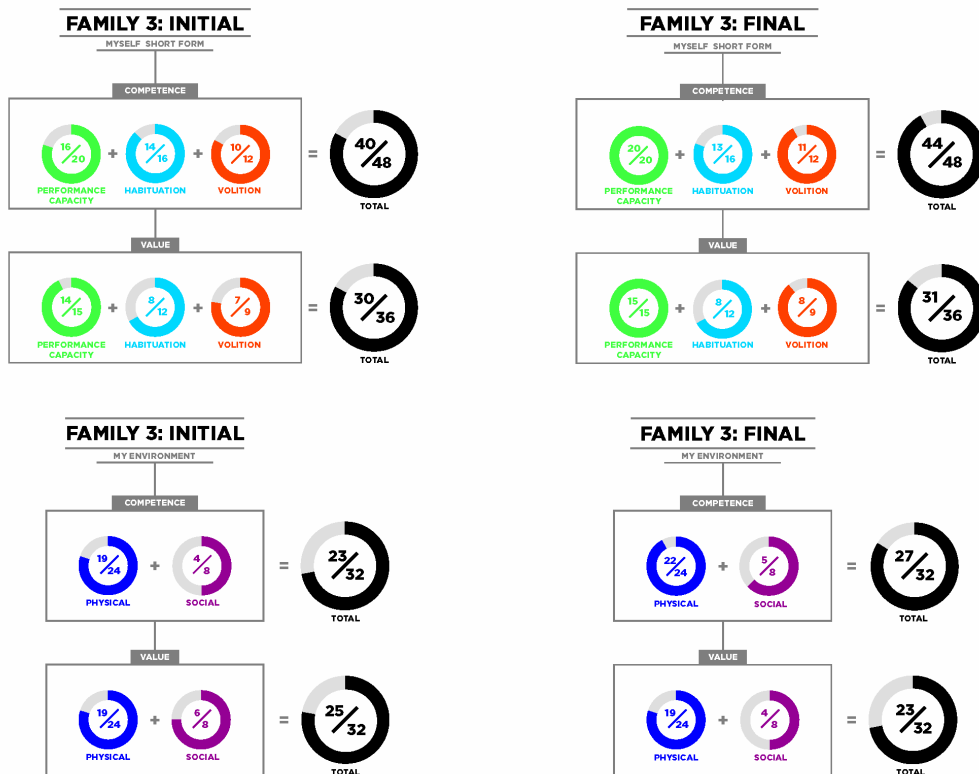


Figure 1. Initial and final OSA results for Family 3.

Development of Themes

During the final interview, the mother of Family 3 reflected on her experiences participating occupation-based activity sessions following the family's transition to permanent housing. The researchers transcribed this interview and identified eight codes from the transcript: meaningful, co-occupation, client-centered, external factors, outcomes, structure, carryover, and internal factors. These codes were further analyzed into two major themes: resolution and empowerment.

Empowerment

Throughout the final interview, the mother of Family 3 emphasized the importance of her feelings of self-efficacy and agency, and the resulting effects these feelings had on her ability to accomplish her desired goals. The mother of Family 3 connected these intrinsic feelings to skill-building opportunities that were provided throughout activity sessions, ultimately leading to an overall sense of empowerment. The factors that most significantly impacted Family 3's sense of empowerment were the use of meaningful, family-centered occupations and co-occupations.

Meaningful. Meaningful was a code that was included in the theme of empowerment. Meaningful was defined as any activity that holds significant value for the family based on their interests. The impact of meaningful activities was evident as the mother of Family 3 discussed a trip to a local splash pad during the second activity session. The mother stated, "He really loves the splash pad because he really likes water. So, I really liked this one too, just because we did something that he really likes. So, the whole time he had fun." From this statement, it is clear this session was meaningful for both the mother and her child because it involved an activity the son enjoyed doing which was important to the mother. When asked what the most beneficial part of the activity session was, the mother said, "using something that he really liked to do." Additionally, when the researchers asked the mother what she would like to work on if she were provided with more activity sessions in the future, she replied, "stuff that he would actually get into that fits his personality, like [how energetic he is] and stuff like that." Incorporating meaningful activities into the interventions empowered the mother to continue taking her child to the splash pad and engaging in additional meaningful activities for the family.

Co-occupation. Co-occupation was another code that was included in the theme of empowerment. The researchers defined co-occupation as a mutual participation in meaningful activities. Creating opportunities for the mother and child to engage in activities together empowered the mother to continue implementing the different strategies she learned during activity sessions following completion of the study. During the first activity session with Family 3, the researchers made a visual schedule for the child to provide more structure to his day, as well as providing the mother with different sensory activities she could do with her child. When asked about this activity session, she said:

“It’s still a way of not just reading a book, but we’re doing [the visual schedule] and I’m saying words and matching it to the picture. So, I would say that [was helpful]. And the new ways that I could play with him, like the blanket roll and stuff like that. I like that it’s just something that’s a little us-time.”

This statement affirms the mother of Family 3 perceived significant value in establishing time for co-occupations. Providing Family 3 with family-centered strategies for communication empowered the mother to proactively create more opportunities for meaningful interactions with her son, rather than managing problem-behaviors as they occurred.

Client-centered. The final code associated with the theme of empowerment was client-centered. The researchers defined client-centered as using a strengths-based and family-focused approach. Using this strategy, the researchers designed activity sessions focusing on priorities and needs identified by the mother of Family 3. When asked what aspects of the sessions were most beneficial, the mother said, “basically everything that we did was as a family. Even the things that we didn’t do [together] like the organizing, it still helped us as a family. It still involved things with us.” The mother of Family 3 saw the connection of activity sessions that focused on individual needs to long-term benefits for the family. The mother’s appreciation of the client-centered approach is evident in the following statement: “I liked that [the session] was based on activities he likes, because he is very energetic. By being active he can run and at least get [out] some of his energies. Because you know he loves running around and stuff.” This statement affirms the impact the selection of

client-centered occupations had on the family's ability to engage in the activity sessions, further enhancing their sense of empowerment and control of the progression of their transition.

External factors. External factors were identified as objective aspects of daily occupations and contexts which contributed to the client-centered approach and further facilitated the transition. The researchers identified the external factors as exposure, timing, and supports. The mother shared her opinion on the timing of the activity sessions. She stated, "It was good at this point. It wasn't too early after moving in, so I still had stuff in order. But we were still [working on] things, and [making] progress." Other external factors that contributed to the client-centered approach included exposing the child to new situations and people, which was evident by the mother stating, "We don't really do a lot of things in the community, so to have people come and do activities, he can experience different faces and stuff." The mother perceived the exposure to different experiences and people as helping to teach her son how to appropriately adapt to new situations. Finally, the amount of support provided by the physical and social environment contributed to the family's overall feelings of empowerment and efficacy. When discussing the first activity session, the mother said, "So we had to do a little more prompting for him to do certain things, but other than that it was fun, and he liked it." The prompting facilitated by the researchers and provided by the mother enhanced the family's ability to successfully interact with one another, enhancing their perceptions of their own inherent abilities and further contributing to a successful resolution of the transition.

Resolution

Throughout the final interview, the mother of Family 3 emphasized factors that highlighted her ability to resolve the family's transition to permanent housing. The transitional process is comprised of three stages: anticipation, instability, and resolution (Meleis et al., 2000). In the case of Family 3, the combined effects of the structure of activity sessions and the intrinsic desires and abilities of the family resulted in the successful carryover of skills, demonstrating the initial resolution of the transition to permanent housing.

Outcomes. Outcomes was a code that was categorized within the theme of resolution. The researchers defined outcomes as family-identified results of activity sessions and carryover. During the final interview with the researchers, these results were identified and discussed based on the three activity sessions completed with

Family 3. The mother of Family 3 was asked how activity sessions impacted the family's daily life. The mother replied, "He [her son] has been doing a lot of different and good behaviors overall. That shows he is getting better." This demonstrated the benefits of applying skills learned during activity sessions. The mother of Family 3 was also asked how the overall structure of sessions and selected activities had impacted the family's daily life. She stated, "[The sessions] helped me with getting stuff done in the moment, [and] that makes it easier for the family." The mother also commented on her son's participation by saying, "He can still have some productive time and learn activities." These client-identified results highlight the outcomes from participation in activity sessions and the carryover of emerging skills.

Structure. The researchers defined structure as the creation of beneficial habits, development of routines, and outlining clear expectations for participation. In the final interview with Family 3, these three factors were reoccurring topics that appeared throughout the transcript. The mother discussed how the activity sessions provided periods of time for scheduled activities, creating opportunities for her to further develop skills that would facilitate the integration of structured activities into the family's routine. Regarding creating a visual schedule and activity time for her son, the mother stated, "Being able to spend a block of time being productive instead of having him run around and do what he does until it's time for bed." The structure provided by the visual schedule allowed for time to be spent in a meaningful way which led to positive outcomes. As the mother further reflected on the activity session centered around creating an organizational system she noted, "I put [my files] into sections so it'll be easier, and I'll know where to find it." The mother's statement indicates the development of an organizational system lead to increased ease when engaging in the occupation following the completion of the activity sessions.

Carryover. Carryover was a code that was included within the theme of resolution. The researchers defined carryover as implementing strategies learned during activity sessions into a daily routine. During the final interview, researchers asked the mother of Family 3 if the family had independently performed any of the strategies learned during the first activity session. The mother responded, "He [her son] does some of the stuff [the animal walks]." When discussing the organization activity in the third session she said, "I still use the planner, I put appointments in there." At the time of the final interview, the mother of Family 3 had continued

to use the planner for at least two weeks after the third session. The combination of these two factors indicates Family 3 had initiated the process of carrying over the strategies from the activity sessions into the family's daily routines, contributing to the resolution of the transition to permanent housing.

Internal factors. Within the theme of resolution, internal factors were identified as supporting the family's ability to carryover emerging skills into a daily routine. The researchers defined internal factors as growth and safety, which are subjective feelings that helped facilitate Family 3's transition to permanent housing. The mother of Family 3 articulated feelings of safety in the following statement, "Just activities where I know he will have fun and be able to be crazy and safe. If he was to run away, I still have a chance to catch him before he gets to something he's not supposed to." Additionally, the mother of Family 3 discussed the growth she observed in her son throughout their participation in the study. The mother stated she observed improvements in her son's ability to listen and articulate his needs. She said, "He has started listening to certain things and saying certain things, so [communication] is much better." This improvement likely resulted from the family's ability to carryover emerging skills, further supporting the successful resolution of their transition.

Discussion

Current gaps in the literature indicate a need to investigate if OT services would benefit families transitioning to permanent housing. The purpose of the present study was to examine a family's perception of how occupation-based activity sessions impacted their ability to navigate from an initial housing crisis to the final resolution of a period of homelessness. The OT scope of practice positions practitioners to address factors that may limit families' independence using a holistic, empowering, family-centered approach. It has been posited this intervention style can enable families to realize and enact their own sense of agency, further supporting their ability to successfully resolve the transition to permanent housing.

A phenomenological research design was selected to evaluate the family's perception of occupation-based activity sessions throughout the progression of their transition. Results of the study indicate client-centered activities, empowerment, and carryover are critical to the resolution of transitions. However, due to a limited number of participants, generalization of these results to future families was not established. MOHO, the MOE, and the OSA were used to guide all interactions with participants and to evaluate their perceptions of

their experiences. The data gleaned from these tools indicate participants perceived the activity sessions as supporting the resolution of their transitional process. Empowerment and resolution were the final themes established through the process of coding and theming. These themes support the potential role for OT with families who have experienced homelessness, reinforcing the ability of practitioners to provide services that benefit families who are transitioning to permanent housing.

Interpretation of the OSA Results

The largest change measured by the Myself Short Form was a 4-point increase in performance capacity competence. As previously stated, certain personal qualities influence an individual's capability to navigate a transition (Schumacher et al., 1999). A family's performance capacity encapsulates these objective and subjective abilities. The mother of Family 3's enhanced perception of her performance capacity indicates the skills developed throughout the course of the study facilitated her ability to successfully initiate the resolution of the transitional processes. Her increased efficacy further supports her ability to identify her strengths and use these emerging skills across environments, minimizing the potential barriers presented by future life changes.

The largest change measured by the My Environment Form was a 3-point increase in physical environment competence. As indicated by Schumacher et al. (1999), the most critical contributor to a successful resolution is the context in which the transition takes place. The positive impact of establishing a permanent home cannot be overstated. The mother of Family 3's enhanced perception of the supports provided to her by her physical environment empowered her to actively engage in the volitional process and begin to habituate new skills and activities into the family's routine.

The largest decline measured by both forms occurred in the My Environment Form. This decline was observed in a 2-point decrease within the value of the social environment. While information gathered from the literature indicates the mother of Family 3's decreased perception of the value of her social environment is not uncommon, it does present significant concerns regarding her access to supports that are paramount to the resolution of her transition. Due to natural changes that occur throughout the transitional process, individuals may experience significant disruptions within their relationships (Walker & McNamara, 2013). However, this sense of alienation from a community of peers may further perpetuate the inability to successfully resolve

the transition (Schumacher et al., 1999). Careful consideration should be given to strategies that will promote the development of robust social relationships, further supporting the successful resolution of the transition to permanent housing.

Theme 1: Empowerment

The theme of empowerment was evident in the discussion of the timing of study recruitment, the consideration and integration of the family's current environment in activity sessions, and the deliberate exposure to experiences that supported the development of critical skills. Current literature indicates the prevalence of disempowerment and helplessness that results from the stigma associated with the experience of homelessness (Barrow & Laborde, 2008). With this in mind, the MOE was used throughout the entirety of the study to facilitate the develop of meaningful, family-centered goals and activity sessions. The aim of this approach was to provide participants with a supportive environment and opportunities for occupational engagement to promote personal empowerment and combat learned helplessness (Fisher & Hotchkiss, 2008).

Factors that supported empowerment included addressing difficulties specific to the parent and child, as well as circumstances that may limit the family's ability to successfully engage in meaningful occupations as a unit (DeGrace as cited in Price & Miner-Stephenson, 2009; Paquette & Bassuk, 2009). The mother of Family 3's acknowledgement of growth she observed in herself and her son, as well as the importance of participating in meaningful co-occupations, reinforces the positive benefits this approach conveyed to the family's ability to successfully resolve their transition to permanent housing.

Throughout the study, the researchers facilitated a continuous open-dialogue with participants to make certain the focus of each session was meaningful, holistic, and relevant. This approach ensured Family 3 felt a sense of personal agency in the development and implementation of each session. Additionally, the aim of each activity session was self-identified by the family and supported by current research to ensure strategies were family-centered as well as evidence-based. The feelings of empowerment and efficacy expressed by the mother of Family 3 demonstrated the impact family-centered, meaningful intervention strategies had on the resolution of the family's transition, further reinforcing the validity and necessity of empowering families to identify and achieve goals independently.

Theme 2: Resolution

The theme of resolution was evident as the mother of Family 3 discussed her ability to carryover skills and strategies learned in activity sessions into the family's daily routine. As previously stated, transitions are typically marked by identifiable events that connote movement between the initial anticipation of change, a period of instability, and resolution (Meleis et al., 2000). The intervention strategies used throughout the activity sessions provided Family 3 with the skills and resources necessary to work toward initiating the resolution of the transition to permanent housing. The importance of this progression was evident in the mother of Family 3's discussion of ways she integrated emerging skills into the family's daily habits and routines and the positive changes she noted in her ability to achieve her desired goals.

Housing stability is an important factor when considering the resolution of a transition from homelessness to permanent housing. Although multiple bodies of research have found that financial income and current employment may aid in maintaining a person's current living situation or reduce the duration of time spent in a period of homelessness, this was not the case for Family 3 as she was not employed while participating in this study (Aubry et al., 2016; Frederick, Chwalek, Hughes, Karabanow, & Kidd, 2014). Family 3 found housing stability through the ability to carryover the skills learned during the activity sessions and create structure and routine for their days. This experience is consistent with the subjectivity of what it means to have housing stability and how it is different for each person.

The activity sessions that were developed for Family 3 aided in the resolution of their transition. The interventions were congruent with the literature, which states that intervention should focus on improving stress management and independent living skills (Muñoz, Reichenbach, & Hansen, 2005). Since people experiencing homelessness often have low feelings of self-worth and control over their lives, MOHO was used to guide the planning and implementation of activity sessions. By focusing on the person factors of performance capacity, habituation, and volition and integrating Family 3's physical and social environment into activity sessions, the researchers were able to enhance Family 3's ability to carryover emerging skills. This approach ultimately supported the initiation of the resolution of the transition to permanent housing.

Limitations

The primary limitations of this study include a high drop-out rate resulting in a limited number of participants, scheduling conflicts making it difficult to maintain consistency with activity sessions, and the use of a criterion-referenced assessment tool. For various reasons, two families were unable to participate in the entirety of the study. The resulting small number of participants limits the generalizability of findings from the present study to future families. Additionally, participant scheduling conflicts and last-minute cancellations further restricted the researchers' interactions with families. The difficulty families demonstrated in attending scheduled sessions further supports the instability experienced during a period of transition. Identifying and implementing strategies to counteract the negative effects of this disorientation will be critical to the success of future studies. Furthermore, the use of a criterion-referenced assessment tool limited the potential to draw comparisons between study participants and apply results to larger populations of families experiencing homelessness.

Implications

To further this line of research, a case-study over an extended time period is recommended. This approach will provide the opportunity for a more in-depth exploration of how the participants' perceptions of their performance capacity, habituation, volition, and environment are impacted by OT activity sessions and how this impact may influence the family's ability to resolve their transition to permanent housing. Special consideration should also be given to the family's social environment to ensure they have access to supports that will reinforce their ability to sustain their current housing over a prolonged time period. Within OT practice, the present study confirmed the benefits of providing OT services to families who are experiencing or have experienced housing instability or homelessness. There is immense potential for occupational therapists to contribute to the services provided by an interdisciplinary team within this setting. However, regardless of discipline or scope of practice this study confirms the use of a strengths-based and family-centered approach is inherently connected to increased feelings of empowerment, further enhancing a family's ability to carryover new skills and nourish the growth that is initiated during activity sessions.

Conclusion

The United States is experiencing a housing crisis that presents significant concerns for families on a national, state, and local level (U.S. Department of Housing and Urban Development, 2016). Occupational therapists are equipped with the skill-sets to aide in the facilitation of transitions from homelessness to permanent housing by using a strengths-based approach. The aim of this study was to evaluate families' perceptions of the impact of occupation-based activity sessions on their ability to successfully resolve their transition from a period of homelessness to permanent housing. An appraisal of current literature reinforced the difficulty of the experience of homelessness and gaps were noted in the usefulness of OT services with the population, thus supporting the implementation of this study. A phenomenological study design was selected to assess families' perceptions of their experiences when participating in occupation-based activity sessions. The Model of Occupational Empowerment, the Model of Human Occupation, and the Occupational Self Assessment were used to guide interactions with participants and to measure changes throughout the progression of the study. Results from the final interview indicated the importance of empowering families to enact their own sense of agency to successfully resolve their transition to permanent housing. Future research would benefit from using a single case study design to provide rich descriptions and develop a comprehensive understanding of families' lived experiences as they transition from a period of homelessness.

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Appendix A

Occupational Self Assessment Forms

Baron, Kielhofner, Iyenger, Goldhammer, and Wolenski, 1998

Occupational Self Assessment - Short Form (OSA-SF)

Name: _____ Date: _____

Step 1: Below are statements about things you may do in everyday life. If an item does not apply to you, select N/A. For each item that does apply, select how well you do that activity.

Step 2: Next, for each statement, select how important that activity is to you.

Step 3: Choose up to 4 priority areas which you would like to target for improvement.

	Does not apply	A lot of difficulty	Some difficulty	Well	Extremely well	Important	More important	Most important	I would like to prioritize
1. Taking care of myself	<input type="checkbox"/> N/A	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	
2. Getting where I need to go	<input type="checkbox"/> N/A	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	
3. Managing my finances	<input type="checkbox"/> N/A	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	
4. Managing my basic needs (food, medicine)	<input type="checkbox"/> N/A	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	
5. Identifying and solving problems	<input type="checkbox"/> N/A	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	
6. Getting done what I need to do	<input type="checkbox"/> N/A	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	
7. Having a satisfying routine	<input type="checkbox"/> N/A	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	
8. Handling my responsibilities	<input type="checkbox"/> N/A	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	
9. Being involved as a student, worker, volunteer, and/or family member	<input type="checkbox"/> N/A	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	
10. Working towards my goals	<input type="checkbox"/> N/A	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	
11. Making decisions based on what I think is important	<input type="checkbox"/> N/A	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	
12. Effectively using my abilities	<input type="checkbox"/> N/A	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	

Competence total (Range 0-48)	0	Value total: (Range 0-36)	0
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OSA [Version 2.2]

Appendix J

Occupational Self Assessment My Environment

Name: _____ Date: _____

Step 1: Below are statements about things about your environment (where you live, work, go to school, etc.) For each statement, circle how this is for you. If an item does not apply to you, cross it out and move on to the next item.

Step 2: Next, for each statement, circle how important this aspect of your environment is to you.

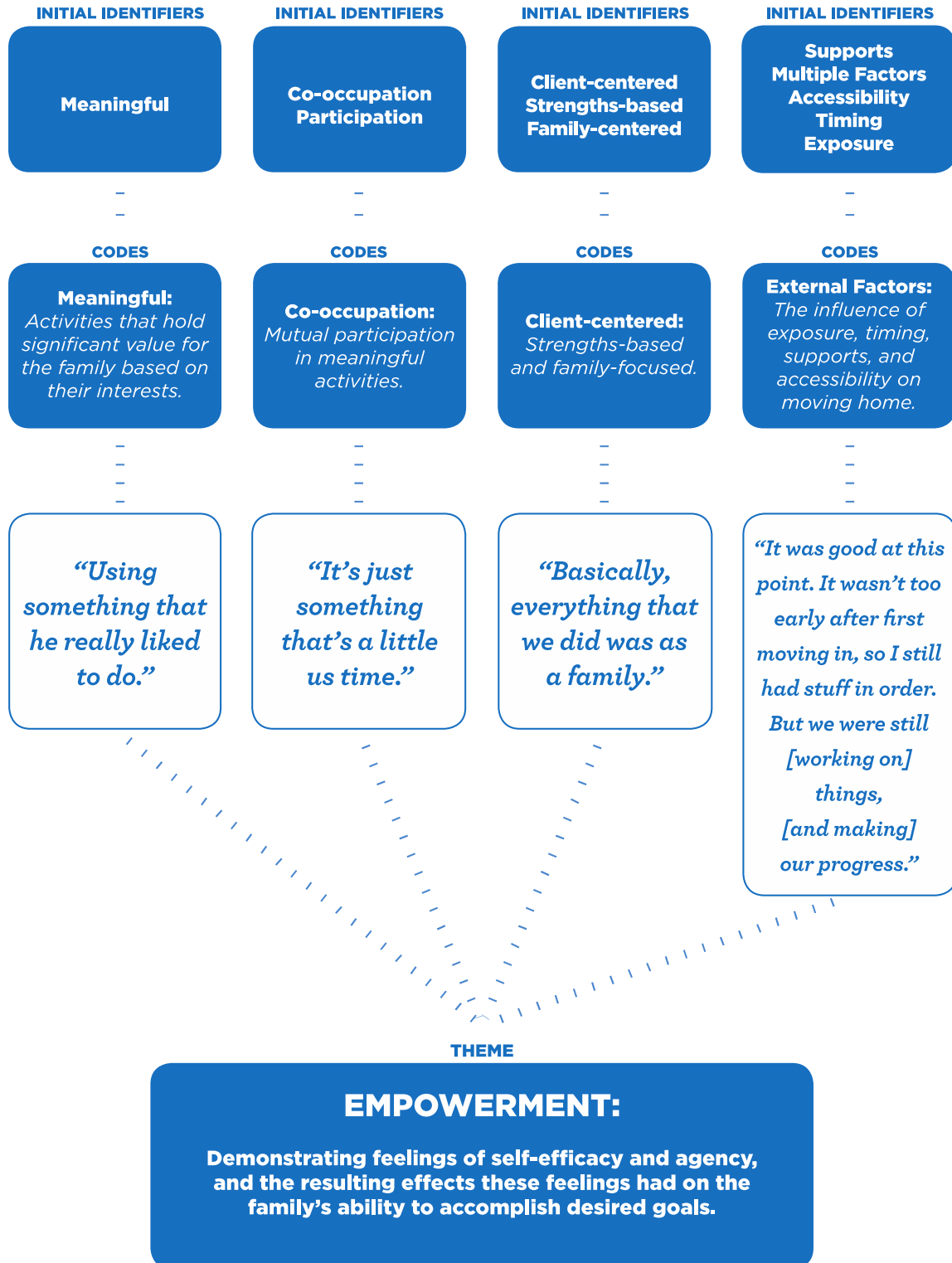
Step 3: Choose up to 2 things about your environment that you would like to change (You can also write comments in this space)

Example	There is a lot of problem	There is some problem	This is good	This is extremely good	This is not so important to me	This is important to me	This is more important to me	This is most important to me	I would like to change
A place to live and take care of myself	lot of problem <input type="checkbox"/>	some problem <input type="checkbox"/>	good <input type="checkbox"/>	extremely good <input type="checkbox"/>	not so important <input type="checkbox"/>	important <input type="checkbox"/>	more important <input type="checkbox"/>	most important <input type="checkbox"/>	
A place where I can be productive (work, study, volunteer)	lot of problem <input type="checkbox"/>	some problem <input type="checkbox"/>	good <input type="checkbox"/>	extremely good <input type="checkbox"/>	not so important <input type="checkbox"/>	important <input type="checkbox"/>	more important <input type="checkbox"/>	most important <input type="checkbox"/>	
The basic things I need to live and take care of myself	lot of problem <input type="checkbox"/>	some problem <input type="checkbox"/>	good <input type="checkbox"/>	extremely good <input type="checkbox"/>	not so important <input type="checkbox"/>	important <input type="checkbox"/>	more important <input type="checkbox"/>	most important <input type="checkbox"/>	
The things I need to be productive	lot of problem <input type="checkbox"/>	some problem <input type="checkbox"/>	good <input type="checkbox"/>	extremely good <input type="checkbox"/>	not so important <input type="checkbox"/>	important <input type="checkbox"/>	more important <input type="checkbox"/>	most important <input type="checkbox"/>	
People who support and encourage me	lot of problem <input type="checkbox"/>	some problem <input type="checkbox"/>	good <input type="checkbox"/>	extremely good <input type="checkbox"/>	not so important <input type="checkbox"/>	important <input type="checkbox"/>	more important <input type="checkbox"/>	most important <input type="checkbox"/>	
People who do things with me	lot of problem <input type="checkbox"/>	some problem <input type="checkbox"/>	good <input type="checkbox"/>	extremely good <input type="checkbox"/>	not so important <input type="checkbox"/>	important <input type="checkbox"/>	more important <input type="checkbox"/>	most important <input type="checkbox"/>	
Opportunities to do things I value and like	lot of problem <input type="checkbox"/>	some problem <input type="checkbox"/>	good <input type="checkbox"/>	extremely good <input type="checkbox"/>	not so important <input type="checkbox"/>	important <input type="checkbox"/>	more important <input type="checkbox"/>	most important <input type="checkbox"/>	
Places where I can go and enjoy myself	lot of problem <input type="checkbox"/>	some problem <input type="checkbox"/>	good <input type="checkbox"/>	extremely good <input type="checkbox"/>	not so important <input type="checkbox"/>	important <input type="checkbox"/>	more important <input type="checkbox"/>	most important <input type="checkbox"/>	

Appendix B

Codebook

Opie, Goldstein, Roth, Savalox, and Truskowski, 2018





THEME

RESOLUTION:
 Factors that contributed to the family's ability to successfully resolve the transition to permanent housing, such as the carryover of emerging skills and the habituation of a meaningful routine.