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Perceived Effects of Occupational Therapy for Those who Recently Transitioned from

Homelessness to Permanent Housing

Grand Valley State University

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The definition of homelessness has been described as including any person who is homeless, lacks a permanent or consistent sleeping shelter, or is not a place designated for sleeping (Griner, 2006). In the United States alone, there are 643,000 people experiencing homelessness, many of which are families (Green Doors, n.d.). Family Promise, located in Grand Rapids, Michigan is an organization that offers programs which help support homeless families transition from a period of homelessness to permanent housing.

There is a growing need for holistic services that address mental health, physical health, emotional health, and social participation among the homeless population . Occupational therapy (OT) is able to increase occupational engagement in regards to leisure, self-care, and productivity among homeless women (Salsi, Awadallah, Leclair, Marie-Lyse, Dan-Tam, et al, 2017). The purpose of this study is to examine the perceived effects of occupational therapy services for families who have recently transitioned to permanent housing from homelessness.

Literature Review

In the United States, 25% of individuals experiencing homelessness encounter mental illness, 17% are considered chronically homeless, 13% are fleeing domestic violence and 12% are veterans (Green Doors, n.d.). In the state of Michigan, there are approximately 9,000 homeless people and of that 912 reside in Kent County (National Alliance to End Homelessness, 2019). Out of 553,742 people in one given night, 184,661 of them were families (National Alliance to End Homelessness, 2019). Therefore, the rising prevalence of homelessness among families with children requires attention.

Risk Factors and Causes

According to Nishio et al. (2016), financial and economic problems are most often the main cause of homelessness. The National Coalition for the Homeless (2009), claims that one of the leading causes of homelessness for families is the discrepancy between the cost of housing and minimum wage. However, there are several other known causes, including situations of sexual, emotional, and physical abuse, violence within the home, alcohol and drug abuse, and various other relationship factors that can lead a person to homelessness. Furthermore, the rate of mental health and cognitive disabilities have increased in the homeless population in recent years (Nishio et al., 2016).

Lack of accessibility to resources and poor social support are common factors causing homelessness among families, according to Rybski and Israel (2017). Social determinants such as a mother's age, housing status, number of children, residential moves, employment, relationship status, and amount of education all influence their sense of effectiveness as a parent. (Rybski & Israel, 2017). Therefore, certain mothers may be more susceptible to becoming homeless solely based on their social determinants. Although the experience of becoming homeless may look different for each person, there are consequences that influence the lives of all homeless people.

Corresponding Consequences of Homelessness

Difficulty meeting parenting requirements, such as providing food, shelter, and safety for children, can alter a mother's self-perception of parenting satisfaction. The imbalance between the reality of the mother's self-efficacy and her sense of obligation affects the mother's health and wellbeing (Rybski, 2015). Schultz-Krohn (2004) explains how parents in this situation often

feel a sense of failure in their role as a caregiver since they are unable to provide a home for their children. Individuals experiencing mental health illnesses and are experiencing homelessness can have even more detrimental consequences than those without mental health illnesses because they are often in a more vulnerable position and are more susceptible to violence and crimes. This issue, as well as not having a stable place to live, can cause severe physical diseases and a higher chance of mortality (Ventriglio, Mari, Bellomo, & Bhugra, 2015). All of the populations suffering the corresponding consequences of homelessness can seek out aiding services to help assist their needs at a time of vulnerability.

Services Provided

Those who are experiencing homelessness may receive support, resources, and treatment from multiple professions including social work, OT, and other disciplines including psychiatry, public health, and psychotherapy. In Michigan, Family Promise, is a housing first facility aiming to reintegrate families into the community and maintain affordable housing (Family Promise of Grand Rapids, 2018). Despite the available services, individuals experiencing homelessness are still in need of additional support to sustain independent living. There is a growing need for occupational therapists to address mental health, physical health, social participation, and emotional health among the homeless population. One study found that OT can assist individuals with improving their overall self-efficacy and perception of success (Swenson, Miller, Bunch-Harrison, Brumbaugh, Kutty, & FitzGerald, 2005). OT has also been found to increase women's engagement in leisure pursuits, self-care tasks, and feelings of productivity (Salsi, Awadallah, Leclair, Marie-Lyse, Dan-Tam, et al, 2017).

A transition can be defined as a discontinuity in a person's life space or an interruption in the pattern of activities of daily living that alter routines, habits, and roles. When living in a shelter the family will likely be participating in the routines dictated by shelter rules, limiting the chance for them to participate in their own typical family routines. This demonstrates the need of assistance from OT to be able to incorporate and establish familial routines. Once a family has transitioned into housing, an occupational therapist would be helpful to assist those families by incorporating their meaningful routines and occupations into their new situation. An occupational therapist can encourage and plan to intervene in the lives of those that have transitioned to permanent housing after a period of homelessness to help them choose meaningful occupations and social participation opportunities in their community (Raphael-Greenfield & Gutman, 2015).

Methodology

Theoretical Framework

To guide the research process the Model of Human Occupation (MOHO) was used. Using MOHO helped give a holistic view of an individual's engagement in everyday occupations. This model showed what motivated the individual to engage in occupations, the habits that go along with engaging in occupations, environmental features, and the individual's performance capacity. By gaining the information of the individual's volition, habituation, environment, and performance capacity, the OT students gained a holistic view of the individual and created client-centered, meaningful interventions.

Participant Selection

This study aimed to collect data and provide occupation-based interventions for one to five families. Families were described as having at least two individuals with a parent or guardian over the age of 18 and a child under the age of 18. The parent or guardian had to be the primary caregiver for at least three days per week. The chosen families were selected by Family Promise, a Grand Rapids organization supporting individuals transitioning from homelessness to permanent housing. The specific families that were chosen for the study were determined by the family service coordinator/program manager at Family Promise. The service coordinator chose families based on convenience sampling, which is a type of non-probability sampling that involves the sample being drawn from the population that is close to hand.

Sample

Five families were originally recruited from Family Promise, through the advertisement of a flyer (see Appendix C). Each family completed a demographics form as seen in Appendix D. Two families dropped out of the study prior to the initial interview. Three families participated in initial interviews and the OSA. Two more families dropped out prior to the final interview. Only one family completed four interventions and the final interview. This family included a 24-year-old woman and her 10-month-old son. During some of the intervention sessions, the participants mother was present, but did not participate.

Data Collection

This study was a continuation of qualitative research conducted by Grand Valley State University Graduate students regarding a family's perception of occupation-based activities when transitioning to permanent housing. The qualitative data was collected through the use of

an in-person structured interview and audio recording, which took place at the participant's home. The information that was collected and obtained from the interview was transcribed and coded to be used in data analysis.

Occupational Self-Assessment (OSA). The Occupational Self-Assessment (OSA) was utilized to learn information to aid client-centered intervention planning. This assessment consists of a list of common everyday occupations. The client reported her personal level of perceived ability in that occupation as well as the value that the occupation held in her life (MOHO Web, n.d.) The needs assessment portion of the OSA was useful in showing the perceptions and transitions of specific needs (Helfrich & Chan, 2013). The results of the OSA showed strengths along with what is lacking in an individual's occupational engagement, which will be used to design interventions. According to research conducted by Taylor, Lee, Kramer, Shirashi, & Kielhofner (2011), along with research conducted by Kielhofner, Forsyth, Kramer, & Iyenger (2009), the OSA is considered to be a valid and reliable tool.

Initial OSA administration. The OSA, paired with the qualitative method of interviewing, provided depth and showed the need for OT's role in social services (Glass, Sevitz, Williamson, Wink, & Duncan, 2006). The findings of the short form of the OSA reflect that the participant found difficulty managing her finances, having a satisfying routine, and handling her responsibilities. She had determined that these aspects of her life are of the utmost importance to her. The participant stated that she takes care of herself well, which is another important aspect of her life. The occupational self-assessment, titled "my environment" portion of the OSA concluded that a place to live and take care of herself, the basic things she needs to live and take care of herself, and having opportunities to do things she values and like are the most important

to the participant. She felt that she performed these areas of her life very well. The participant reported that the things that she needed to be productive was considered more important on a scale rating from from not so important to most important.

Interventions. The four intervention sessions took place over the span of 10 week, at the participants home with the same two researchers each time. Intervention strategies were based on the findings of the OSA and were created and planned collaboratively between student researchers and a licensed occupational therapist. This treatment planning involved identifying occupational performance issues and looking at the participants volition, habituation, and performance. The team found and developed evidence-based interventions that would help the participant to better engage in the occupations that she wants and needs to do.

Calendar and scheduling. For this intervention, a hand made calendar was presented to the participant to assist her in balancing her responsibilities. The participant and the researchers collaboratively filled out her calendar for the month so that she could manage everything she had to do between her role of being a mother and an employee. She was able to plan out her work schedule, doctor appointments, child care, house maintenance, and social work appointments on a weekly and monthly scale.

Goal setting. The participant was educated on making SMART goals so that the goals she had for her life would be specific, measurable, attainable, relevant, and timely. She was able to identify goals to stay at her current job, go back to college, and spend more time with her son. The researchers assisted the participant in identifying the specific steps that she will make to meet these goals. The participant was able to meet her goal of choosing what she wants to study, where she wants to go to school, and a timeline for how to make it happen.

Coping strategies. The participant shared that she has struggled with depression and has difficulty so the researchers educated on and provided resources for finding positive coping strategies. The participant was able to identify coping strategies that had worked for her and she wanted to start doing again, along with coping strategies that she planned to try. She was also educated on the use of a cognitive behavioral therapy technique of keeping a feelings journal.

Satisfying routine. To address the participant's difficulty with having a satisfying routine, the researchers developed a pie charts to allow the participant to analyze her current routine and ideal routine by identifying the percentages of her time spent on certain occupations each day. The participant was able to compare the routines and determine the largest discrepancies between the two routines. This led to a discussion in which she specifically planned out what she was going to do to work towards her ideal routine.

Assertiveness training. For this intervention, the participant was educated on communication styles and the goals of communication. She was able to identify that being assertive is the most effective way to communicate and meet the goals. She discussed ways that she could use this skill in her life and participated in a role play scenario to practice being assertive.

Vision board. This activity allowed the participant to construct a vision board using a poster and cutting photos out from magazines that she felt represented her goals and what she wanted in her life. This was intended to motivate her to keep working towards her goals.

OSA post-intervention. On the Occupational Self-Assessment Short Form, the participant reported that the financial management, handling responsibilities, and maintaining a satisfying routine are no longer difficult for her. The portion relating to "my environment"

showed that she does the following activities well: having a satisfying routine, and being involved as a student, worker, volunteer, and/or family member. The participant reported that the things that she needs to be productive is now most important on a scale rating from not so important to most important.

Final interview. The final interview was conducted following the four intervention sessions. The researchers had prepared a list of questions (see appendix A) to lead the interview, which was documented on an audio recorder. The interview was aimed to determine the participants perception of the OT interventions as it applied to her life.

Data Analysis

Transcription. The audio data collected from the final interview was transferred to an encrypted flash drive. Student researchers transcribed audio recording to secure word document, shared among researchers. All names were changed for confidentiality purposes and the participant had read and agreed to transcription processing terms (see appendix B). Data cleansing completed by one researcher after transcription.

Coding and theming. A multi-step approach was utilized to analyze the data. According to Rothgangel and Saup (2017) grounded theory, which is the multi-step approach that was used for this study, has been shown to be creative and constructivist in nature, but also has objective characteristics, ensuring that data is not derived from prior assumptions (Rothgangel & Saup, 2017). The steps of grounded theory include open coding, axial coding, and selective. In the first step, each researcher individually coded each transcript (triangulation) to begin open coding. Each researcher then created a set of codes that were collectively combined with the entire research team. Between all researchers, there were 10 initial codes that were defined. The

process described in the first step was repeated to translate the 10 initial codes down to seven codes through axial coding. This began with the collective agreed upon initial codes. After, axial coding was applied to find commonalities and overlaps among the open codes, it decompressed the amount of open codes. The final step, selective coding, was performed to find the variables that included all of the data. This process led to the formulation of three overarching themes that encompassed all of the data from the structured interviews.

Trustworthiness

Researchers demonstrated credibility through the process of triangulation in which each researcher individually coded the transcriptions before coming together to identify common themes. Furthermore, this study showed transferability by including meaningful direct quotes from the participants. To prove confirmability, researchers utilized reflective journaling and collective discussion to identify biases surrounding the homeless population. By discussing and identifying assumptions and biases, researchers were more aware of how they could potentially impact this research. This helped the researchers take a dissociative view when addressing the research question and the homeless population.

Results

The researchers developed codes and themes based on the interpretation of the final transcription. The final three themes including Lifestyle Transition, Mindset Development, and Client Centered Care are defined in Appendix E. Each theme is organized with corresponding codes and direct quotes from the participant, which portray her perceptions of the OT interventions she received. In this section, direct quotes have been edited to protect the identity of the participants.

Theme #1: Lifestyle Transformation

The first theme, lifestyle transformation, encompassed the following codes: organization and planning, roles and routines, and goal progression. The following direct quote portrays the participants perception of how the OT interventions supported a lifestyle transition, when specifically discussing utilization of a calendar to assist with prioritization and planning:

I liked it a lot. It helped me, helped me get more organized like around what I need to do. Cause I wasn't organized like at all. Like I would just pretty much like cram all of it into my brain like okay I'm going to have to do this and have to do that. But with getting a calendar and getting able to get a notebook and stuff i kinda like helped me plan out what I needed to do or help me plan out like my bills and so it would make me more frustrated between what I'm doing with Jack and what I need to do at work. (personal communication, October 15, 2019)

Utilizing the the calendar to organize her schedule and daily routines helped the participant manage and prioritize her responsibilities while still maintaining focus on her own personal goals.

Organization and planning. The code of organization and planning portrayed the participants ability to organize her daily responsibilities in an efficient and timely manner, with the use of the monthly calendar.

So that, that helped me because I can do something more constructive or I can kind of plan out my day or plan out my week and how I want it to go and also like with cleaning and stuff. (personal communication, October 15, 2019)

The participant engaged in a pie chart graph activity where she created a visual display of how she spent each hour of her day and compared the graph to a new graph created based on how she wished her day would be spent productively.

I think of it as, how am I making myself more available for him and making myself more available around the house and having some time to myself. (personal communication, October 15, 2019)

This intervention activity allowed the participant to focus on her role as a mother, caring for her child and managing household chores. She was able to prioritize time to spend on household chores while still having sufficient time and energy to devote to her son.

Roles and routines. Throughout intervention sessions the participant indicated the importance of roles and routines in her life. These roles and routines are what the participant identifies as and are important elements of her life. The code roles and routines fits under the theme of lifestyle transformation as the participant indicated that her role as a worker had never been stable until recently, when she was in permanent housing and receiving services. The instability in her worker role led to her work routine not being consistent. The following quote encompasses the transformation the participant made in terms of her work roles and routine. Referring to her current job the participant stated, “So it probably didn’t help at that time, but it definitely helped from when you guys first started coming to now because I didn’t even think I was going to be at this job as long as I was” (personal communication, October 15, 2019). This shows how since receiving services and being in stable housing, the participant has been able to keep work roles and routines stable and consistent.

Goal progression. Goal progression is represented through the participant stating the following quote.

So everything is like comin' together so I wanna keep up what I am doin'. Clearly it's workin' for me. So I wanna keep up what I'm doin' so I can continue on a steady pace to get me to goin' back to school. (personal communication, October 15, 2019)

This quote shows that the participant was motivated to set up an action plan geared towards expressed needs and wants. This demonstrates the progress that the participant has made towards her goals, as well as personal insight into the steps that she needs to continue to take to be successful.

Theme #2: Mindset Development

The second theme, mindset development, included the following codes: mental health and assertiveness. Encompassing the definition of the theme, when asked about what she had learned in regards to mindset development, the participant stated, "Tools? I will say yes, as far as like, how I can prepare myself mentally (personal communication, October 15, 2019)." This quote shows that the participant's pattern of thinking and outlook on different experiences in her life is developing. She is able to use the tools that she learned about from the researchers to be better prepared to handle situations where her mental health may be compromised. In the past, she would have been more likely to have stayed in the same negative mindset and acted off of that.

Mental health. The following quote encompasses the participant's perception on how her mental health was influenced by occupational therapy interventions provided by the researchers:

...when I first had him I would go in the bathroom and cry. So if I just need to talk about something that I didn't want to talk to anybody it was good for me because I can just write up in it so it's nice. (personal communication, October 15, 2019)

In this quote the participant is referring to a CBT strategy of using a feelings journal that she was educated on. It shows that she was able to learn and use a coping strategy and that it has a better effect on her overall emotional and psychological well-being.

Assertiveness. The participant described her experience with assertiveness training through the following quote.

So it kinda helped me it helped me with like with what comes out of my mouth and how I say it so I won't be rude or I won't be like disrespectful in that type of manner. So I was impressed with that. (personal communication, October 15, 2019)

The next quote provides an example of the participant utilizing the assertiveness training at work. She was able to utilize effective communication skills, which were required to meet her personal objectives while maintaining positive relationships and self-respect, as defined by the code definition. It shows how she was able to maintain her professionalism by being assertive, yet calm.

So maintaining a professional level at work to where I can uphold a higher position and without getting myself into trouble or not being able to talk on a calmer level just jumping right to the gun, so that kind of helped me too. (personal communication, October 15, 2019)

Theme #3: Client-Centered Care

Other resources. The third and final theme, client centered care, encompassed the following codes: other resources and therapeutic relationship. When considering other resources, the participant stated,

You guys could have in a way helped someone else but then again I don't think that they would have been ready before, what you guys would have been talking about. They have to go through what I went through and what Anna like prepared me for. (personal communication, October 15, 2019)

This quote describes that the participant felt that she had benefited from working with the social worker prior to beginning the intervention sessions with the occupational therapy student researchers. This shows the importance of a multidisciplinary approach to providing care for those who have recently transitioned to permanent housing. The participant had also stated "so, it was more so resources that she had that you guys probably couldn't have provided." The social work discipline had worked with the participant on accumulating resources to obtain the things that she had needed in order to be successful as she began the process of transitioning to permanent housing. These quotes describe how disciplines are using a strengths-based approach to provide the participant with resources that are unique to her lifestyle and what she wants and needs to be successful.

Therapeutic relationship. To encompass the importance of a therapeutic relationship, the participant stated the following:

You guys comin' in the way that you did, I respect that and I like that because a lot of people just want to hear your story without even trying to help you. But more as, you

guys more so tried to come up with different things that can help me more than just comin' in and trying to like hear my story. So, it was, it, it helped. Like, that's why I said you guys did a really good job because I have talked to, like I had a therapist, I have my OB who I talk to, I've had teachers and even my family members, like none of them really helped me the way that you guys did, because I don't like when people try to just hear what you're going through more so than try to help you. (personal communication, October 15, 2019)

This quote shows that the occupational therapy student researchers had established a trusting, and empathetic connection with the participant during the intervention sessions. She felt that it had been more helpful than others she had spoken to in the past because the researchers gave her helpful strategies to ease the transition to housing. The participant felt that the researchers had been concerned with providing ways to help her instead of just hearing about her experience with homelessness. The quotes provided under the codes of other disciplines and therapeutic relationship show that the participant felt that the researchers and the social worker were drawing from her strengths and desires to provide resources and strategies to promote success.

Discussion

The findings of the study and the overall themes that were developed can help increase a general understanding of the ways that occupational therapy can impact the occupational engagement and quality of life for families who have recently transitioned to permanent housing. In this study, the researchers learned that OT can help an individual manage and prioritize their responsibilities, while devoting time and efforts towards the development of personal goals. This was achieved through the first theme "lifestyle transition". This finding confirms the conclusions

found by Salsi, Awadallah, Leclair, Marie-Lyse, Dan-Tam, et al. (2017) that OT has been found to support leisure pursuits, self-care tasks and responsibilities, and feelings of productivity. OT has also been found to increase women's engagement in leisure pursuits, self-care tasks, and feelings of productivity. The participant in this study discovered that she was able to utilize the tools and organizational strategies provided by the occupational therapy student researchers to manage her responsibilities so that she was able to devote time to herself and her son. Research has shown that homelessness can lead to feelings of inadequate satisfaction when fulfilling a motherly role as described by Rybiski, 2015. This study found that prioritizing and organizing responsibilities, allowed the participant more quality time caring and providing for her son.

This study analyzed how continuous patterns of thinking and outlook of various life circumstances affect an individual's well-being, as described in theme two of mindset development. The participant of the study, who was diagnosed with depression, was one of the 25% of individuals experiencing homelessness who also experience a mental illness (Green Doors, n.d.). According to Rybski and Israel (2017), mental health affects the occupational performance of mothers who have been homeless. As determined by Swenson, et al. (2005) occupational therapists can help individuals improve their self-esteem and perception of success. One aspect of self esteem includes the skill of assertive communication. The student researchers focused on coping strategies, assertiveness training, and related specific interventions to mental health. The participant found that the interventions related to mental health played a crucial in improving her ability to participate in valued occupations.

This study found that using a strengths-based approach emphasized the needs and wants of the participant as described by theme three, client-centered care. When considering the social

work role in homelessness, they are able to provide resources in times of need as well as wellness self management and behavioral treatment (National Association of Social Workers, n.d.).

According to the participant, social workers provided her with valuable services to assist with her transition home. She stated that although OT services from the researchers were beneficial, they would not have been as helpful if she had not already received services from the social workers. This shows the importance of providing individuals recently transitioning from homelessness to permanent housing with an interdisciplinary team. The scope of occupational therapy practice aims to create collaborative goals with the participant to ensure that their needs and wants are met through meaningful occupation. When describing the way in which the researchers approached the participant and the sessions they administered, she discussed how important it was to have a say in what topics she wanted to work on. As previously concluded by The American Occupational Therapy Association (2018), OT is most effective for this demographic when interventions are client-centered.

Overall, the themes that resulted from this research gave insight to one individual's perception on the effects of occupational therapy services after recently transitioning to permanent housing from homelessness. Her perception was that these services helped her with lifestyle transformation because she was able to become more effective with her roles and routines and with organizing and planning her life. Her impression included that OT services assisted her in mindset development, which helped her to be able to communicate more effectively and better cope with symptoms of depression. It was also her perception that the OT services were client-centered because they helped to meet her specific needs and wants and motivated her beyond what other disciplines had been able to previously. Additionally, this built

off of the services that she received previously to the research led OT interventions and the progress that she had made with social work.

Implications for Future Research

Through skilled occupational therapy interventions that were created by the researchers based on the initial OSA findings, the participant was able to reflect on the benefits of occupational therapy practice following her transition to permanent housing. The skilled interventions were not regarded as data or substantial information for data collection, however, the participant's perceptions of the skilled interventions were coded as data. This data was on the perceived effects of occupational therapy intervention following transition to permanent housing, which aligns with the research question. The researchers found it beneficial to keep the researchers who had implemented intervention consistent, as this had established a positive rapport with the participant.

Based on the results of the current study and the previous findings from the previous research, it would be beneficial to make changes to the methodology. The research would benefit from a larger sample size for more opportunity to view the perceptions of occupational therapy. The recruitment process could be modified to encourage more participants and it could also expand to multiple homeless shelters in order to expand the demographics of the participants. In this study, researchers needed to complete this study within a limited timeline. Further research would benefit from an unlimited time period in order to allow time for a longitudinal research design and more participants. Another area of consideration for further research would be regarding the assessment tool utilized to gather information prior to beginning intervention sessions. Further research could propose using the Canadian Occupational Performance Measure

(COPM), which allows for more subjective information. This could allow the participants to express their unique needs and barriers in their lives. Various mental health assessment tools could also be used in conjunction with the COPM to identify areas of mental health that could be targeted during intervention sessions.

Implications for Occupational Therapy Practice

This study explored the perceptions of one participant as to how occupational therapy can have an effect on an individual after transitioning from homelessness to permanent housing. This may be beneficial for other individuals who are in a similar transition. However, the interventions were tailored to the specific participant in this study and do not all apply to the entire population of individuals who have experienced homelessness. The information that is most useful for future research in this topic is the use of client-centered care. This research shows that understanding a participant's specific wants and needs, through the administration of an assessment tool, allows occupational therapists to create meaningful interventions from the participant's perception.

Limitations

For this study researchers were only able to look at one homeless shelter that has a welcome home program. Study results may look different at other homeless shelter if they do not provide a welcome home program or social work services as they transition to permanent housing. This study was conducted exclusively in the Grand Rapids area, therefore, the results of this study may not be generalizable to areas outside of this. Size of sample is a limitation for this study as only one family went through the full process. Study results may differ if not as many families dropped out of the study. Throughout the study period, scheduling conflicts and time

constraints between the researchers and the participant were barriers to consistent intervention administration.

Conclusion

Understanding the participant's perception of the role of occupational therapy during the transition from homelessness to permanent housing is important for the emerging practice of occupational therapy in assisting those experiencing or transitioning from homelessness. Considering the current unmet needs and the barriers that are encountered during times of transition from homelessness, it is important to successfully deliver client-centered skilled occupational therapy intervention. Recognition of the importance of organization and planning skills, roles and routines, goal progression, mental health, and therapeutic relationship allows for a positive lifestyle transition, mindset development and client-centered care. This promotes successful participation in meaningful occupations to sustain independence while living within the community.

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Appendix A

**Final Interview Question Guide**

1. What is the hardest part of your day? Why?
2. What is the easiest part of your day? Why?
3. Has this changed since we started working together?
4. What did you like best about the sessions?
5. What was your overall impression of the activities we created for you?
 - calendar and scheduling
 - setting goals
 - coping strategies
 - assertiveness training and vision board
6. Tell us about ways that you have used what we have taught you?
7. What was the most important thing that you learned from our meetings?
8. Was there anything from our sessions that didn't apply to you or wasn't helpful?
9. What would have been more helpful for us to provide?

Appendix B

Transcriptionist Agreement

I, _____, the transcriptionist, agree to maintain full confidentiality in regards to any and all audiotapes and documentations received from Katie Johnson, Kaelyn Hughes, Kristin Hazlett, Madison Muir, and Sydney Krol related to the research study A Phenomenological Study of the Lived-Experiences of Families Transitioning to Permanent Housing. Furthermore, I agree:

1. To hold in strictest confidence the identification of any individual that may be inadvertently revealed during the transcription of audio-taped interviews, or in any associated documents.
2. To not make copies of any audiotapes or computerized titles of the transcribed interviews texts, unless specifically requested to do so by the researchers.
3. To store all study-related audiotapes and materials in a safe, secure location as long as they are in my possession.
4. To return all audiotapes and study-related materials to the researchers in a complete and timely manner.
5. To delete all electronic files containing study-related documents from my computer hard drive and any back-up devices.

I am aware that I can be held legally responsible for any breach of this confidentiality agreement, and for any harm incurred by individuals if I disclose identifiable information contained in the audiotapes and/or files to which I will have access.

Transcriber's name (printed) _____

Transcriber's signature _____

Date _____

Appendix C



**WHAT IS
OCCUPATIONAL
THERAPY?** ———

An occupation is anything you want to do in your life. Like making dinner, taking care of your family, and finding fun things to do in your free time. An occupational therapist will work with you to help you do the things you want to do.

WHO? ———

Families who are moving home. We are looking for families made up of at least one parent/guardian with one child.

WHAT? ———

A study to see how occupational therapy can help families as they are moving home. Participation is your choice.

WHERE? ———

Interviews will be at Family Promise. The rest of the meetings will happen wherever it works for each family.

WHEN? ———

Five to seven meetings between June and September 2019.

Please contact Madison Muir if you're interested or have any questions:
muirm@mail.gvsu.edu



Appendix D



**A Phenomenological Study of the Lived-Experiences of
Families Transitioning to Permanent Housing**

Demographics Form

1. What is your age? _____
2. How old are your children? _____
3. How many children do you have? _____
4. How many days per week, do your children live with you? _____
5. Are you currently living in temporary or permanent housing? _____
6. How long were you in temporary housing? _____
7. Are you participating in the after-care program? _____

Based on the responses, you will be contacted for participation in the research study.

Name: _____

Preferred method contact

Phone number: _____

E-mail: _____

Appendix E

| | | |
|--|---|---|
| Theme 1: Lifestyle Transition | | |
| Ability to manage and prioritize responsibilities while still devoting time towards the development of personal goals. | | |
| Organization and Planning | Roles and Routines | Goal Progression |
| Being able to structure days effectively in order to complete responsibilities in a timely manner. | Patterns of observable and repetitive behavior that are expected of an individual based on their societal culture. | Becoming motivated to set up an action plan geared towards expressed needs and wants. |
| Theme 2: Mindset Development | | |
| A continuous pattern of thinking and outlook on various life circumstances that affects well-being. | | |
| Mental Health | Assertiveness | |
| Emotional and psychological well-being | effective communication skills required to meet personal objectives while maintaining positive relationships and self-respect | |
| Theme 3: Client Centered Care | | |
| Using a strengths-based approach to emphasize the needs and wants of the client. | | |
| Other Resources | Therapeutic Relationship | |
| Disciplines involved in assisting individuals who have recently transitioned from homelessness. | A trusting connection and rapport established between therapist and client through collaboration, empathy and respect. | |