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

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OST 564: Occupational Therapy Research Defense

Grand Valley State University

Dr. Scott Truskowski

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

There are more than 500,000 individuals in the United States who experience homelessness on any given night, with an estimated 8,575 of these individuals being in Michigan. Of that total, 1,022 are family households, 489 are unaccompanied young adults (ages 18-24), 599 are Veterans, and 950 are individuals experiencing chronic homelessness (U.S. Interagency Council on Homelessness, 2019). There is no definite cause of homelessness but substance abuse, domestic violence, mental illness, and economic factors have been reported to be the most prevalent causes of (Nooe & Patterson, 2010). The United States Department of Housing and Urban Development, a program in which provides housing, community development assistance, and works to ensure fair and equal housing opportunity for all, reported in their 2018 annual homeless count, 20 percent of homeless individuals had a severe mental illness, 16 percent suffered from chronic substance abuse, and 44 percent had some sort of disability (U.S. Department of Housing and Urban Development, 2018).

Although there is a significant need for services to support the health, well-being, and occupational engagement of homeless individuals, there are often very few resources and services available to them. Homeless individuals, as opposed to individuals with stable housing, jobs, and roles, are not often provided with education on skill acquisition, home management, or health maintenance, which creates performance issues in these areas of occupation. In addition, homeless individuals often do not have access to health-related, housing, or transportation resources, creating additional occupational performance issues. Lack of transportation resources can prevent a homeless person from being able to attend a job interview or appointment and poor literacy skills may result in the inability to complete necessary paperwork to obtain employment.

Because of the limited support and resources available for homeless individuals, they have limited opportunities to engage in meaningful occupations, therefore decreasing their overall sense of well-being, social interactions, and health outcomes (Schultz-Krohn & Tyminski, 2018). Based on the current available literature and data, it is clear that there are many barriers that prevent the homeless population from fully engaging in meaningful occupations. Occupation-based intervention services provided by an occupational therapy (OT) practitioner can offer numerous benefits to aid individuals from transitioning from homelessness to home, sustaining them in home, and preventing returns to homelessness.

## **Background**

The origins of OT are rooted in mental health and with the call for deinstitutionalization of individuals with mental illness in the 1960's, occupational therapist practitioners began working in community mental health (American Occupational Therapy Association, 2010). The purpose of occupational therapy is to increase an individual's ability to independently engage in meaningful and productive occupations and life roles (American Occupational Therapy Association, 2020). Occupational therapy is also client-centered, which means that the treatment and interventions provided by the OT honor the desires, interests, and motivations of the client (American Occupational Therapy Association, 2020). Occupational therapy can play an important role in the success of homeless individuals in the community by facilitating success and independence in roles, routines, tasks, and relationships.

OT practitioners focus on people, their occupations, and the context in which they complete those occupations, while addressing occupational performance issues impacting their engagement in meaningful occupations such as leisure activities, education, socialization, and work (American Occupational Therapy Association, 2020). The barriers homeless individuals

face prevent them from fully engaging in desired occupations as well as participating in basic aspects of life such as health care, education, housing, and employment. The societal exclusion and lack of engagement homeless individuals face can cause them feelings of isolation, hopelessness, and/or worthlessness. The U.S. Department of Human Development (2018) reports that individuals with weak social ties are more likely to become homeless; it is estimated that the lifetime incidence of homelessness is reduced by 60 percent for individuals who have strong ties to friends, family, and/or religious communities. One role of an OT working with the homeless is to facilitate supportive environments and networks for these individuals to assist them in becoming part of their social world again, with the intent of increasing their feelings of hope, worth, and overall sense of well-being (Schultz-Krohn & Tyminski, 2018).

In addition to facilitating supportive environments and networks, OTs work to assist clients in acquiring skills and maximizing their strengths. Skills such as basic home management, food preparation, and financial management may have been lost throughout an individual's journey of homelessness or they may have never been acquired in the first place. OTs assist the individual in acquiring these skills as well as assisting them in re-establishing major life roles such as parenting.

### **Occupational Therapy Models of Practice/Frames of Reference**

The Model of Human Occupation (MOHO) consists of four elements: volition, habituation, performance capacity, and environment (Forsyth, et al., 2019). Volition is what motivates a person. Habituation is the acquired tendency to automatically respond and perform in certain ways in familiar environments or situations. Performance capacity is the client's ability to do and perform their daily occupations. Environment looks at three different components: physical, social, and occupational. (Forsyth, et al., 2019). MOHO looks at how these

environmental components impact the motivation, organization, and performance of human occupation. Dysfunction through the eyes of this model is when someone is unable to perform their daily occupational roles, such as skill acquisition, home maintenance, health maintenance, and financial management. In this model, the clients view of themselves and their motivating factors are the driving force (Forsyth, et al., 2019).

Schultz-Krohn, Drnek, & Powell (2009)-analyzed two mothers living in homeless shelters who received occupational therapy interventions for goal setting and developing methods to meet those goals. MOHO was used as the framework to guide the interventions. This model was chosen because it looks at an individual's roles and habits. Intervention was provided over a two month period, twice a week, on an individual level with sessions lasting 30-45 minutes. Sessions addressed specific goals that each mother had identified, as well as talking about techniques on how to meet the desired goals and how they can continue to work on the goal until the next session (Schultz-Krohn, Drnek, & Powell, 2009). At the end of therapy, both mothers facilitated positive changes in their lives as well as built a trusting relationship with their therapists. Throughout each session, volition improved greatly, habituation increased, and the mothers were starting to form better habits, roles, and routines. However, when a stressor was experienced, it was hard for the mothers to maintain those newly learned skills (Schultz-Krohn, Drnek, & Powell, 2009). The physical and mental components of performance capacity played an important role in developing interventions and the ability for each mother to complete their stated goals. The authors concluded that in order to achieve positive outcomes, achievable goals need to be set that align with the clients interests (Schultz-Krohn, Drnek, & Powell, 2009).

### ***Current Literature***

There is current but slim literature that addresses boredom related to homelessness, meaningful occupations and OT interventions, transitioning to stable housing, and transformative identities. There is prevalent information that highlights the topic of homelessness when transitioning to stable housing situations, however, there are several gaps in literature that need further research and attention.

A study by Desjarlais-deKlerk (2018) discusses how individuals transform their identity when transitioning from homelessness to stable housing. It was discovered that individuals who were once previously homeless socially distance themselves from those experiencing homelessness as they physically transition away from this group by moving into stable housing. New residents were found to socially distance themselves from other residents in supported housing due to being viewed as problematic, troubled, and undesirable despite their shared housing status, homeless histories, and/or personal troubles (Desjarlais-deKlerk, K., 2018). Christiansen (1999) proposes that identity is instrumental to social life as it provides a context for deriving meaning from daily experiences and interpreting lives over time, in addition to goal setting and motivation. It is asserted that competence in the performance of tasks and occupations contributes to identity-shaping and that the realization of an acceptable identity contributes to coherence and well-being. Social distancing can be considered a key component when choosing to remain in housing; those who do not socially distance themselves may be more likely to return to homelessness. Individuals moving beyond their homeless identities are essential for forming new identities and maintaining their housing status (Desjarlais-deKlerk, K., 2018). The process of distancing themselves from similar others may be particularly important to enable individuals to form social relationships, avoid potential social isolation, and move beyond their former homeless identities.

Wilcock (2002) discusses the notion of doing, being, becoming, belonging is important to consider as individuals transition from homelessness to stable housing. A dynamic balance between doing and being is central to healthy living and how becoming whatever a person is best fitted to become is dependent on both. Individuals are engaged in doing homelessness and being homeless as they transition to doing stable housing and being housed. This transitional period provokes sporadic and confusing feelings related to becoming and belonging as individuals explore their new identity. In doing so, these individuals may have previously experienced or currently experience occupational deprivation, occupational alienation, occupational imbalance and occupational injustice (Wilcock, 2002).

Gaps in research suggest that while several studies are longitudinal in nature, it would be useful to follow individuals undergoing status transitions over a longer time frame. Practitioners and researchers need to further explore the links between community, social isolation, identity, and strategies to better support those experiencing similar housing transitions. Current housing services help many consumers exit homelessness, however, these services have performance gaps, such as consumers prematurely disengaging from housing programs and others remaining socially isolated despite gaining permanent housing. Further research is needed to identify, tailor, and implement practices that can help this vulnerable population (i.e. including individuals with substance abuse, mental illness, history of homelessness) improve its social resources. Lastly, in relation to OT, due to the health and well-being of individuals being at stake, society needs services concerned with helping people establish and maintain their identity. OT's need to be able to address and incorporate the notions of doing, being, becoming, and belonging within their interventions/services.



Boredom can have a lasting impact on homeless individuals. Marshall et al. (2019) identified boredom as a profound and pervasive experience with deleterious impacts on the mental and social well-being of homeless individuals. Long periods of silence and having “nothing to do” were punctuated by infrequent and random periods of highly stimulating and stress-inducing events, including aggression, visits by police to shelters and on the street, and unusual behaviors of others within their environments. Furthermore, high rates of boredom were found to be associated with low levels of sense of belonging in one’s community.

Gaps in the literature suggest that community integration has been a serious challenge for researchers and practitioners in the development of support for homeless individuals. A gap in the provision of support decreases barriers to engagement in meaningful activities and can affect fulfillment and well-being. A lack of opportunity to engage in meaningful activities for those who are homeless represents a serious public health issue that needs to be prioritized in practice and future research. Providing programming to homeless individuals that can enhance their time management skills and improve their function/participation in daily activities may help with feelings of preparedness and self-confidence when making the transition to stable housing.

Homelessness in women has also been an area of interest. A study by Sofia, Yara, Aurelie, Breault & Duong (2017) found that residents of a shelter for women valued and aimed to engage in employment and active leisure, while engaging mostly in rest, passive leisure, and social activities. Residents may engage in activities typically classified as “passive leisure” to center themselves, engage in contemplation, feel safer within the shelter and in their own bodies and minds, and make sense of previous trauma. Additionally, many residents, particularly those who expressed some sense of safety, valued occupations that foster connectedness, which was also reflected in goals related to engagement in social activities or active leisure in the

neighborhood (i.e. social connectedness). Many participants expressed ambivalence between their needs for safety and contemplation about their desire to be active and to find employment. Overall, participants shared that their priority was to engage in occupations that support them in their transitional journey while at the shelter, indicating ambivalence between present and future orientation.

Research gaps indicate that there is a separation between valued/desired and actual occupations for sheltered women. Research in this area is only emerging and opportunities for future studies abound. The implementation of occupation-based interventions and programs with individuals experiencing sheltered homelessness should be evaluated through quantitative and qualitative methods. While the current research has only focused on adults residing at the shelter, future research could also be aimed at understanding the occupational needs of children.

There are current OT interventions that address skills needed to engage in a variety of occupations. Herzberg and Finlayson (2001) identified prevocational skills as an appropriate intervention for building attitudes and skills required for workforce entry/re-entry in homeless individuals. Stress management has been found to help with productive leisure skills, time management, and coping skills. Self-care training can be effective for parenting groups and assist individuals with ADLs/IADLs (e.g. dressing and grooming). Interventions provided for social and interpersonal skills were found to be helpful for assertiveness, self-expression, conflict resolution, basic conversational skills, and interpersonal interactions. Community living training has been found to be effective for money management, shopping, public transportation, and community resources. Cognition-based interventions combined with social skills, social activity, or social mentoring have also been found to be successful. Lastly, relaxation/sleep preparation has been found to be effective for sleep participation in addition to having a scheduled routine.

Gaps in research have identified psychoeducation programs as being effective for homeless individuals, however, there are major gaps in the reporting and use of occupational performance measures. Interventions requiring technology or assistive technology also need additional and further research. Gaps persist in the research and rigorous studies are needed to investigate occupation-based outcome measures specific to ADLs, IADLs, leisure, and rest and sleep.

## **Methods**

### **Research Design**

A phenomenology was used in this investigation. Case study methods are effective in providing insight into specific situations or to understand unique features of certain populations (Yin, 2003). A case study design investigates a single phenomenon that may include one or more individuals and is an effective method for addressing a relatively short, self-contained segment or episode of a person's life (Depoy & Gitlin, 1998; Bromley, 1989). Data collection occurred during the final session; each session lasted 60-90 minutes. The sessions provided were informed by utilizing the Occupational Self-Assessment (OSA). Each researcher received training in conducting an interview, and practiced administration of the Occupational Self-Assessment (OSA), which was utilized to guide the activity sessions. The OSA assessment was used to determine areas of occupation that are important to the families as well as their current level of performance.

The current research group was not able to obtain IRB approval for this study. A transcript was obtained from a previous research group who followed the same procedures to conduct the study as outlined in this methods section. Because the current researchers were unable to obtain IRB approval, as an alternative route, they each administered the OSA to a

client and wrote a community-based intervention plan based on these results which allowed them to still carry out all of the steps of the process in this research study. Once the community-based intervention plans were completed and reviewed by the course instructor, the researchers were given a copy of the transcript from the final interview session from the previous research group.

### **Recruitment/Participants**

This study was done with one family (family 3) that was willing to participate from the previous research group. The family are residents at Family Promise of Grand Rapids, Michigan. The family was made up of a single mother and her two children who were both under the age of three. Interactions with subjects occurred in five structured meetings with each family: one interview session, three activity sessions, and one final session.

### **Assessment Session - Occupational Profile. OSA**

The OSA is a self-report assessment the families completed during the initial meeting. This provided the researchers with information regarding family interests and priorities that served as the basis for the activity session plans. Two researchers administered the OSA with the family. One researcher facilitated administration of the tool, while the other observed and took notes. This allowed the researchers to maintain consistency in the types of questions asked and the methods used to record participant responses. The same two researchers continued to work with the same family throughout the study to build rapport and maintain consistency for the participants.

### **Activity Planning**

After completion of the initial meeting, the researchers meet with the PI, a licensed occupational therapist, to review assessment data and additional information gathered through the semi-structured interview with each family. As a group, the PI and student researchers

developed family-centered activity plans focused on the acquisition of necessary skills to effectively navigate the transition to permanent housing. The activity plans developed were consistent with standard occupational therapy practice and rooted in evidence-based practice. All activity sessions were completed on days/times most convenient for the participating family.

### **Family 3 Activity Planning**

Three meaningful and relevant goals were identified by the mother. Three intervention plans were then developed by the researchers to help achieve those goals. The first session focused on the mother and her oldest son with co-occupations and task readiness. During this session, a sensory exercise program was developed specific to the son's needs, and then taught to the mother and son during the session. A visual schedule was also created and hung in the son's room. The second session focused on how the family could get involved in the community. Researchers made a community resource information sheet for the mother to reference, which included information and locations for the library, park, and social groups. During the session the researchers and the family went to a nearby splashpad to engage in water play. The last activity session focused on helping the mother with skill building. An organizational system and weekly planner were developed from the mother.

### **Data Collection**

Data collection took place during the final session with the family utilizing a semi-structured interview. The researchers utilized the OSA to reassess the families' perceptions of their lived-experiences. By comparing this information with the previous responses, the researchers were able to identify changes that had occurred as the families progressed throughout the study. Interviews were carried out by the same two students who originally worked with the

participating family. Each researcher received practice and feedback on conducting an interview prior to the actual interviews being conducted.

The final interview with the family took place face-to-face at Family Promise and was audio recorded using a digital audio recorder, uploaded to the university network drive, and then transcribed. Results from the pre and post OSA, as well as the interviews, were recorded directly on the indicated forms and scanned and uploaded to the network drive. Participant aliases were used on the OSA forms to maintain confidentiality. All documentation was completed electronically and recorded directly onto the university's network drive.

The final interview happened two weeks after the last activity session. The two-week waiting period was to give the mother time to implement the strategies taught in the previous sessions and allowed for her to reflect on her OT experience at the activity sessions. The final interview was recorded by the researchers and reviewed for accuracy.

### **Data Analysis**

Following the completion of the implementation phase of research, the transcript of the post-interviews were read in entirety by all researchers. The researchers examined all relevant information in the transcription and then assigned an appropriate label to the concept. The researchers used thematic analysis and a coding approach by first developing a short list of five or six categories and gradually expanding to no more than 25-30 categories as they reviewed the data collected during interactions with the families (Cohen, Khan, Steeves, 2000). The researchers developed their own codes to ensure concepts aligned with the aims of the present study. When possible, each code was named using in vivo phrasing pulled from the participant's exact words. When this was not possible, the researchers named the code according to a summary of the information contained in the data.

Additionally, the researchers counted the frequency of each code to ensure they were selecting the appropriate ideas to carry over into the next phase of data analysis: theming. After developing 25-30 codes, the researchers identified five to seven main themes consisting of information from several codes that formed a main idea. The researchers developed themes by highlighting meaningful quotes as they were coding the data and creating diagrams that illustrated the relationships between the concepts that arose through the coding process (Cohen, Khan, Steeves, 2000).

To interpret the findings and implications of the study, the meaning indicated by each theme was given rigorous and thoughtful appraisal. The researchers achieved this aim by further conceptualizing the developed themes to induce a larger, more theoretical understanding of the data. They interpreted this information with the interest of identifying implications for future occupational therapy practice and research.

### **Trustworthiness**

Credibility of the study was met through prolonged engagement/interaction with the families (through interviews and activities) and triangulation of the data analysis process. The more time that was spent with the families, enhanced our ability as researchers to build credibility with them. Once the families understood more about our study and the field of occupational therapy in general, the more likely they were to contribute/participate in our study. Credibility is similar to building rapport with clients. When we spend more time with the participants of our study, it enhances our ability to increase the credibility of the study in addition to building trust with the participants.

Transferability was met by providing a rich description of data (i.e. typically met through direct quotes, body language, etc.). In order to potentially transfer the results of the study to

another context, readers need to understand as much as possible about the original situation through the use of a highly detailed description of the research situation and methods. The method that was chosen determined the extent to which the results of our study can be transferred. Keeping a detailed account of the environment surrounding our research assisted in the development of transferability. Specific information about and a detailed description of the subject(s), location, methods, and/or role in the study was incorporated. This is commonly referred to as a "thick description" of methods and findings; it is important because it allows readers to make an informed judgment about whether they can transfer the findings to their own or other situation(s).

Dependability is the extent to which the study can be replicated by another researcher and that they would be able to gather the same results. One way to establish this is to use an inquiry audit. This is a process by which researchers have an outside person review their research process and data analysis to ensure that the findings are consistent and that they could be repeated in the future (Statistics Solutions, 2021).

Confirmability looks at the research findings' degree of neutrality. It aims to ensure that the results were based on the participants' responses and not any potential biases the researchers might have, or personal motives. Confirmability was achieved by keeping an audit trail, which would look at every step in data analysis and help provide rationale for decisions made. Doing this proves that the findings of the study accurately portray the participants responses (Statistics Solutions, 2021).

## **Results**



The thematic analysis process that was applied to the transcripts elicited key concepts, or themes, that were evident in the data that was collected. These themes are important in determining the participant's perspective and effectiveness of the interventions. These themes have been labelled as "Empowerment" and "Resolution." These themes should be viewed as a good interpretation of the client's perspective of the appropriateness of the interventions and level of satisfaction.

### **Empowerment**

Upon completion of the activities designed for the participants, one theme that was produced from the transcript was empowerment. The theme of empowerment encapsulates the family's perspective on the interventions conducted in this study: a combination of meaningful interventions, interventions that were helpful to the family, and interventions that were client-centered. The meaningfulness of the interventions were evidenced by statements of the mother in the participating family. When asked about how one of the community interventions went, the mother stated her son, "had fun the entire time. You didn't have to keep redirecting him or keep getting his attention because he was doing something that he loved." When asked about any changes in behavior of her son after implementing the interventions, the mother stated, "he has been doing overall a lot different... good behavior that shows he is getting better and learning more."

The theme of empowerment was also developed based on the participant's perspective of the helpfulness of the interventions. The participant discussed how the interventions were helpful to her, specifically the implementation of an organizational system and weekly planner. The participant stated when scheduling appointments now instead of not knowing the day or time of appointments or obligation she, "can look it up and say it can be on this day just not in between

these times,” that this new system is, “just better because he has so many different things,” and that she does not have to, “wonder like ‘where did I put this or, you know, really get to searching.’”

In addition to the interventions being meaningful and helpful, the theme empowerment was developed from the participant’s perspective of the interventions being client-centered. The client stated that the interventions were, “using something that he loved to base the activity on was something that was good” and she also stated, “I like that it was based on activities he liked.” The mother also mentioned numerous times that her son had fun during the activities and that her son “loves running around and stuff,” so she liked that the activities allowed her son to be active and, “run and get some of his energy out.”

### **Resolution**

Another theme that was produced from the transcript was resolution. Resolution consists of structure in relation to the creation of daily habits, development of routines, and clear expectations for participation in everyday activities. It also encompasses the carryover of internal factors or subjective feelings of growth/safety that fosters or facilitates the transition to stable housing and positive outcomes.

The theme of resolution was captured by the family’s perspective(s) and through the interventions utilized in this study. The meaningfulness encompassed by the interventions in relation to participation in everyday activities/occupations, in addition to being client-centered, encouraged family bonding which was indicated by numerous statements produced by the mother. The mother mentioned that creating daily routines has been beneficial to both her and her son. When asked about daily activities, the mother mentioned that they “eat, sleep, and even participate in fun activities such as Chucky Cheese”. Exploration of leisure activities to enhance

mother-son bonding and facilitate a routine/new habits has been beneficial. The mother mentioned that her and her son, “color/scribble on little pictures which has been a good thing and little blanket roll/crab walk activities.” Finding daily activities/habits/routines that are client-centered and responsive to client needs (including the child’s) were also identified. The mother’s response to her son’s participation in an activity included, “I liked the activity because he is very energetic and allowed him to get his energy out. He also liked the activity”. She also stated, “at lamar park, he had a little ball that he did some activities with. He also really loved the splash pad, because he really likes water, so I really liked that one too”. The development and enjoyment of daily routines/activities was present as the interview continued, “ I think he took like a good two hour nap, so that's how you know he had fun.”

Clear expectations related to participation also became prevalent during the interview. Through the use of a planner, the mother was able to organize appointments (i.e., medical appointments, etc.) related to her daily routine. The mother stated, “here's the planner for when I have appointments and stuff like that. I would always have trouble not knowing the day or the time.” Internal factors/positive outcomes also arose towards the end of the interview in relation to the planner/being organized with the mother stating, “so that's gotten better too. It’s good to have for when we actually would like to schedule something. I can look it up and say on this day, it can be this day, just not in between these times”. Indications of growth/progress were also mentioned by the mother, “our progress for certain things compared to when we first started was good to be able to, you know, see a little bit of growth.”

The concepts of resolution in relation to the creation of habits, development of daily routines, positive outcomes, and intrinsic factors (such as growth) were indicated by this interview. These aspects are essential for transitioning to stable housing, maintaining a housing

unit, family bonding, maintaining good health/well-being, and participation in everyday life activities.

### **Conclusion**

In conclusion, it was beneficial to the families in this study and would be beneficial to others experiencing homelessness to engage in Occupational Therapy services. The Occupational Self Assessment was a valuable tool that was used to assist families in recognizing their deficits and improving their ability to achieve their said goals. By performing a thematic analysis on a previously recorded transcript, we were able to answer our research question, “what are the perceived benefits of providing OT services for families as they transition from a period of homelessness to stable housing?” in a positive manner by recognizing that occupational outcomes included empowerment, conflict resolution, improved community engagement, and time management.

### **Limitations & Future Research**

Limitations included that this research contained a small sample size. This can lead to high variability and potentially undermine the internal and external validity of the study. It can also have limited potential for generalizability of results. Further, a lack of previous research and/or current gaps in the literature could possibly hinder the credibility and scope of our research findings. This limitation demonstrates the need for future research of families transitioning from a period of homelessness to stable housing in addition to the perceived benefits of OT during that transition. Through the existing literature and identification of gaps in current research, this can enable us to gather and obtain additional information on occupation-based outcome measures, the disconnect between the desired and actual performance, identity, and overall well-being related to engagement in activities of daily living.

### **Implications for Occupational Therapy Practice**

By addressing the research question and conducting research on individuals transitioning from homelessness to stable housing, additional information can be gathered about the emerging practice area related to the field of occupational therapy. Qualitative data was gathered in order to identify the perceived benefits of OT and its impact on families transitioning to a more independent and stable lifestyle. As families transition from homelessness to stable housing, it is important to consider the lack of routine/structure in their daily lives and change of identity. Individuals need guidance on how to budget finances, engage in home maintenance tasks, participate in work, care for children, engage in leisure activities, utilize transportation systems, etc. Information obtained from the families will assist in the development of OT interventions that foster independence in various activities of daily living and/or areas of life and set the stage for future OT work in this area. Working with the homeless population is an emerging practice area for occupational therapists. The results of this study displays the importance occupational therapy can have for the homeless population and fuel future jobs in this community setting.

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# Occupational Therapy Research Study

## WHAT IS OCCUPATIONAL THERAPY?

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 at least one child.

## WHAT?

**A study to see how activity sessions can help families as they are moving home.**

Participation is your choice.

## WHERE?

**Activity sessions will be in the community or virtually.**

Interviews can be carried out in your home or virtually.

## WHEN?

**Five meetings between May 10th and December 11th.**

An occupation is anything you want to do in your life. Like



**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 days per week do your children live with you? (Check the most accurate box).

0 days     1-3 days     4-7 days

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

Name: \_\_\_\_\_ Preferred method contact method: \_\_\_\_\_

Phone number: \_\_\_\_\_ E-mail: \_\_\_\_\_

301 Michigan St. NE, Suite 164 Grand Rapids, MI 49503



### Consent/Assent for Participation in a Research Study

**TITLE:** A Phenomenological Study of the Lived-Experience of Families Transitioning to Permanent Housing

**RESEARCHERS:** Ellen Brown, Ellie Olsen, Sammie Ruhe, Courtney Zanni, Scott Truscowski (Faculty Advisor, PhD, OTRL)

You are being asked to participate in a research study. The box below highlights key information about this research for you to consider when making a decision whether or not to participate. Carefully consider this information and the more detailed information provided below the box. Please ask questions about any of the information you do not understand before you decide whether to participate.

#### Key Information for You to Consider

- **Voluntary Consent:** You are being asked to volunteer for a research study. It is up to you whether you choose to participate or not. There will be no penalty or loss of benefits to which you are otherwise entitled if you choose not to participate or discontinue participation.
- **Purpose:** The purpose of this study is to determine the impact family-centered interventions have on the lived experiences of families as they transition to permanent housing.
- **Duration:** It is expected that your participation will last eight months (May 10th-December 11th).
- **Procedures and Activities:** We will meet with the members of your family and determine what are important things for your family as you transition to your home. Based on this information we will create a personalized plan for three family activity sessions. After all family activity sessions are done we will meet and talk about how you think the family activities went.
- **Risks:** You will not be in any physical danger at any time. Some interview questions may be uncomfortable. An audio recording of the final sessions will be collected and/or stored for this research project. As with any use of electronic means to store data, there exists minimal risk that data could be lost or stolen.
- **Benefits:** You will gain skills to more successfully navigate transitions and remain in stable housing. You will gain knowledge on events going on in your community and become more connected throughout your community. This research will provide real-life knowledge on the benefit of occupational therapy when working
- **Alternatives:** Participation is voluntary and the only alternative is not to participate.

1. **REASON FOR INVITATION:** We are inviting families who were homeless and are now transitioning to permanent housing. The families will need at least two individuals with a biological relationship with one parent/guardian over the age of 18 and at least one child under the age of 18.
2. **PRIVACY AND CONFIDENTIALITY:** Your name will not be given to anyone other than the research team. All information collected from you or about you is for the sole purpose of this research study and will be kept confidential to the fullest extent allowed by the law. In very rare circumstances, specially authorized university or government officials may be given access to our research records for purposes of protecting your rights and welfare or to make sure the research was done properly.
3. **AFTER THE STUDY IS OVER:** The research team will not keep your research data to use for future research. Your name and other information that can directly identify you will be deleted from the data collected as part of the research. The research team will not share your research data with other investigators.
4. **AGREEMENT TO PARTICIPATE:** By filling out this survey, you are agreeing to the following:
  - The details of this research study have been explained to me, including what i am being asked to do and the anticipated risks and benefits;
  - I have had the opportunity to have my questions answered;
  - I am voluntarily agreeing to participate in the research as described on this form;
  - I may ask more questions or quit participating at any time without penalty;
  - I give my consent to participate in this research project.

Print Name: \_\_\_\_\_

Sign Name in Ink: \_\_\_\_\_

Date Signed: \_\_\_\_\_

5. **CONTACT INFORMATION:** If you have any questions about the study you may contact Ellie Olsen at (906) 458-7880 or [olsenel@mail.gvsu.edu](mailto:olsenel@mail.gvsu.edu).

If you have any questions about your rights as a research participant, please contact the **Office of Research Compliance & Integrity** at Grand Valley State University, 1 Campus Drive, Allendale, MI. Phone: 616-331-3197. E-mail: [rci@gvsu.edu](mailto:rci@gvsu.edu).

This study has been reviewed by the Institutional Review Board at Grand Valley State University (Protocol #XX-XXX-H).”





**Grand Valley Occupational Science and Therapy Research Consent/Assent Form  
RESEARCH STUDY CONSENT FORM**

**Participant’s Name (please print):** \_\_\_\_\_

**Voluntary Consent by Participant**

By signing below, you are saying that:

- This study has been explained to you.
- You have read this document or it has been read to you.
- Your questions about this research study have been answered.
- You have been told that you can ask Ellie Olsen any study questions you have in the future.
- You have been told that you may ask people from Human Research Review Committee (HRRC) questions about your study rights.
- You will be given a copy of this form after you have read and signed it.
- You voluntarily agree to participate in the study entitled, “A Phenomenological Study on the Lived-Experience of Families Transitioning to Permanent Housing”.

Print Your Name: \_\_\_\_\_ Date: \_\_\_\_\_

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Grand Valley Occupational Science and Therapy Research Consent/Assent Form  
RESEARCH STUDY ASSENT FORM**

**Child Participant’s Name (please print):** \_\_\_\_\_

**Voluntary Assent by Participant**

By signing below or saying "yes" out loud, you are saying that:

- This study has been explained to you or your parent/guardian.
- You or parent/guardian have read this document or it has been read to you or your parent/guardian.
- Your or parent/guardian’s questions about this research study have been answered.
- You or your parent/guardian have been told that you can ask Laura Opie any study questions you have in the future.
- You or your parent/guardian have been told that you may ask people from the Human Research Review Committee (HRRC) questions about your study rights.
- You or your parent/guardian will be given a copy of this form after it has been read and signed.
- You or your parent/guardian voluntarily agree to participate in the study entitled, “A Phenomenological Study on the Lived-Experience of Families Transitioning to Permanent Housing.”

Child Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature to Verbal Assent: \_\_\_\_\_

Parent/Guardian printed name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_



