

Unsystematic Literature Review: Transitions, Family Relationships, and Homelessness

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Homelessness occurrence in the United States varies from tens of millions of people throughout a lifetime, to millions annually, to hundreds of thousands who experience homelessness nightly (Donley, Crisafi, Mullins, & Wright, 2017). Within the state of Michigan, 53% of the homeless population is comprised of families, 51% of whom are experiencing homelessness for the first time (Michigan State Housing Development Authority, 2010). According to the Point in Time (PIT) count, an annual report done in Grand Rapids, Wyoming, and Kent County, found that on January 25, 2017 there were 298 people in families experiencing homelessness (2017). At this point in time, there were 81 families working to transition from homelessness to housing (Grand Rapids Area Coalition to End Homelessness, 2017). An experience with homelessness can be derailing for a family, which requires coping skills and transitional management to shift from homelessness to housing.

Homelessness is not only detrimental to those personally experiencing it, but has an impact on the countries taxpayers as well. According to Green Doors (2017), an average of \$18,500 in emergency room visits are tabulated per homeless individual per year and 80% of these visits could be eliminated through preventative and basic care visits. Emergency room care is provided to each person who walks through the door regardless of their ability to pay, which leads to payment coverage by taxpayer money. As stability is created through permanent supportive housing to those experiencing homelessness, the reliance on emergency rooms for basic care decreases by 61% (Green Doors, 2017).

A federal strategic plan, Opening Doors, has been formulated in attempts to eliminate homelessness through affordable housing and alternative resources. Through extensive research, the National Low-Income Housing Coalition (2014) determined that, on average, in order to afford a two-bedroom apartment one would need to make \$39,360 yearly, which equates to

holding 2.6 full-time jobs at minimum wage. Through comparisons of PIT counts, since 2010 the number of homeless people in families has declined by 11% and through the continuation of the Opening Doors program will hopefully continue to place families in permanent housing, reducing the number experiencing homelessness (United States Interagency Council on Homelessness, 2015).

People in families comprised 35% of the homeless population in the United States in 2016 according to the U.S. Department of Housing and Urban Development. Although the rates of homelessness have decreased in recent years, family homelessness is still presenting at alarming rates in Michigan, specifically in the Grand Rapids, Wyoming, Kent County area. In order to reduce these rates, a transition from homelessness to housing must occur. These transitions are not easy and require coping skills, which may not be possessed by these families but can be developed through therapeutic intervention. There is little research in regard to occupational therapeutic intervention with homeless families in transition. However, there has been research on components of the topic, in fact it is widely recognized in the research that most experienced homelessness is transitional (Donley et al., 2017). An unsystematic review was performed to assess the research done on homeless families and transitions, experience occupational therapists have with parent-child bonds, group interventions, and homelessness, as well as transitions.

Transitions

Transitions represent a process of change that occurs over time as a person moves between two relatively stable points in his or her life (Schumacher, Jones, & Meleis, 1999). Each transition is unique, complex, and has the potential to affect several aspects of a person's lived experience (Meleis, Sayer, Im, Messias, & Schumacher, 2000). Transitions are a common

occurrence, and transpire frequently in a variety of settings. In regard to the experience of homelessness, transitions occur as an individual or family shifts from permanent housing to a time of homelessness, and back again. During a transition, family members often express distress regarding the acquisition of new skills and the disruption of typical daily activities (Schumacher et al., 1999). However, transitions are marked by a sense of flow and movement, and the passage of time often transforms worry into mastery of new skills and a new sense of self (Schumacher et al., 1999). According to Meleis et al. (2000), “transitions are both the result of *change* and result in *change*” (p. 19). Due to the nature of this transformational process, capturing the evolution of the transitional experience is critical to the development of research designs and intervention strategies (Schumacher et al., 1999).

Stages and Patterns

According to Meleis et al. (2000), transitions often occur in patterns of multiplicity, suggesting that significant life changes do not occur in isolation, but rather interact with one another. Related transitions may occur in a sequence or simultaneously (Meleis et al., 2000), and the circumstances regarding these additional transitions may stimulate or hinder further life changes (Schumacher et al., 1999). Additionally, transitions are typically marked by identifiable events that connote the movement between the initial anticipation of change, a period of instability, and resolution (Meleis et al., 2000). These transitional stages do not necessarily occur consecutively, but rather “may be sequential, parallel, or overlapping” (Schumacher et al., 1999). Table 1 outlines the stages of Bridges Transitional Model (cited by Schumacher et al., 1999).

Table 1

Bridges Transitional Model

Stage	Description
Period of Endings	“There is a disintegration from relationships or from ways of behaving as well as a change in the person’s sense of self.”
Neutral Zone	“An in-between period, a time when a person experiences disorientation caused by the losses in the first stage followed by disintegration of systems that were in place. This is an uncomfortable but necessary period of time. Only by going through the neutral zone can persons become open to new possibilities.”
New Beginnings	“Marked by finding meaning and experiencing some control. Persons must go through all three stages to deal effectively with the transition.”

Note. All content retrieved from Schumacher et al., 1999, p. 4.

Factors That Facilitate Effective Transitions

Schumacher et al. (1999), identified seven processes that contribute to healthy transitions: (a) redefining meanings, (b) modifying expectation, (c) restructuring life routines, (d) developing new knowledge and skills, (e) maintaining continuity in identity, relationships, and environment, (f) identifying opportunities for new choices, and (g) finding opportunities for personal growth. Utilizing an empowering approach is critical to capitalizing the effects of these processes. By empowering individuals and families who are experiencing times of transition it is possible to create opportunities for experiential learning and real-life problem solving which support the development of independent living skills that are necessary to succeed in an unstructured environment (Paul-Ward & Lambdin-Pattavina, 2016). Certain personal resources such as adaptability, coherence, hardiness, wellness, and energy also influence the success of transitions (Schumacher, et al., 1999).

A supportive environment. A supportive physical or social environment may reinforce or enhance participation and occupational performance (American Occupational Therapy Association [AOTA], 2014). Due to the environmental inconsistencies experienced as families transition to and from periods of homelessness, it is critically important to consider the influence these factors have on the successful resolution of the transitional process.

The physical environment. Occupational therapists have the unique ability to build environments that create opportunities for families experiencing homelessness to engage in meaningful occupations (Roy, Vallée, Kirch, Marshall, Marval, & Low, 2017). To achieve this the environment must be dynamic, flexible, and adapt to the family's needs over time (Schumacher et al., 1999). Approaching the family's transition in this way supports the discovery of the optimal fit between the environment and desired occupations, further supporting a successful transition (Walker & McNamara, 2013). Additionally, developing the ability to engage in meaningful occupations across environments can minimize the disorientation experienced during the neutral stage of the transitional process (Walker & McNamara, 2013).

The social environment. "The need to stay and feel connected is a prominent theme in many transitional narratives" (Meleis et al., 2000). However, transitions have the potential to cause extensive disruptions to social relationships (Walker & McNamara, 2013). The impact of these disruptions requires careful examination because many independent living skills develop over time through the observation and guidance of mentors (Paul-Ward & Lambdin-Pattavina, 2016). Identifying the barriers that limit the occupational opportunities for families experiencing homelessness is critical to the resolution of the transition. Encounters with people who help to ensure the successful exploration of anchoring occupations and opportunities supports the successful navigation of the transitional process (Peters, Galvaan, & Kathard, 2016). Social

interactions support the development of a deeper understanding of the behaviors that were developed in response to the transition (Meleis et al., 2000), further facilitating effective self-reflection and the use of the previously mentioned seven processes that contribute to healthy transitions.

Factors That Inhibit Effective Transitions

The primary factors that inhibit the resolution of transitions include a low socioeconomic status, lack of relevant and accessible programming, and a history of trauma or mental illness (Paul-Ward & Lambdin-Pattavina, 2016). Current programming is often disempowering or inconvenient (Meleis et al., 2000) for families experiencing homelessness, and does not focus on the acquisition of necessary skills and preparation for the future. This ultimately leads to the development of learned helplessness by suppressing the family's ability to assume responsibility for their present circumstance (Paul-Ward & Lambdin-Pattavina, 2016). Additionally, transitions, especially within the experience of homelessness, often carry stereotyped meanings and stigma which interfere with emotional expression, inhibiting the healthy progression of the transition (Meleis et al., 2000). This stigma, coupled with the uncertainty, distress, interpersonal conflict, and worry that often accompany a transition leads to a sense of alienation from familiar environments and occupations (Schumacher et al., 1999), further perpetrating the inability to successfully resolve the transition.

The Impact of Transitions on Identity

Transitions are marked by the creation of new personal meanings and perceptions. This process results in identity reformulations (Meleis et al., 2000), or a change in a person's identity, roles, and patterns of behavior (Schumacher et al., 1999). Identity reformulation occurs in three stages, similar to those of Bridges Transitional Model: contraction of self, expansion of self, and

tentative balance (Cotton, 2012). As families transition through a period of homelessness they are required to engage in new routines and occupations, which supports the development of new identities within their community (Walker & McNamara, 2013). This new sense of identity has the potential to lead to mastery of new skills which will support the transition from a period of homelessness to a more stable housing environment (Meleis et al., 2000). Occupational therapists must work with families who are experiencing homelessness to develop an understanding of their unique past and present life narratives. This approach facilitates the collaborative development of the clients' future narrative (Cotton, 2012), further supporting the evolution of a fluid and dynamic occupational identity (Meleis et al., 2000).

Families in Homelessness and Transitions

Family management can be difficult in a stable housing situation, let alone for a family experiencing homelessness. According to the United States Department of Housing and Urban Development (2016), typical families experiencing homelessness are headed by single mothers in their late 20s with approximately two children under 6-years-old. Parenting difficulties arise, and witnessing their children struggle to cope with life's difficulties is distressing to parents (Bradley, 2007). Childhood difficulties emerge, and depending on the frequency and timing of transitions the patterns established have long-term consequences (Tyler & Schmitz, 2013). Despite these difficulties, parents who experience homelessness find motivation within their families; supportive relationships and family routines can promote resilience (Criss, Henry, Harrist, & Larzelere, 2015). The majority of families who experience a period of homelessness undergo shifts from and to housing in a transitional manner; nearly 60% of the homeless population has lived in transitional housing (Donley, Crisafi, Mullins, & Wright, 2017).

Families must transition successfully from homelessness to housing in order to prevent reoccurrence or chronic homelessness.

Parenting Difficulties

In periods of homelessness, parents experience additional stressors and difficulties in caring for their families. Those experiencing homelessness are often referred to as “the homeless” as if homelessness were an ethnicity, not a conditional circumstance (Donley et al., 2017), which leads to the formation and promotion of stigmas. Between the stigma and high levels of stress associated with homelessness, and having to exclusively parent in public, additional coping skills and transitional expertise are required.

Barrow and Laborde (2008) discuss the disempowerment of homeless mothers and the stigma of being an inadequate parent associated with parenting through homelessness. When these parents undergo dehumanizing experiences, it adds to the chronic stress experienced while trying to stabilize their families (Paquette & Bassuk, 2009). Parents of families experiencing homelessness can be referred to as parenting in a “double crisis” due to the need for coping with urgent survival issues, such as finding housing and providing for their children, while parenting capacities may be undermined by intense stress associated with homelessness (Monn, Narayan, Kalstabakken, Schubert, & Masten, 2017). Establishing and enforcing rules for children can be difficult for any parent, but when a family is living in an emergency shelter, these difficulties are exacerbated due to the public nature of the shelters. Paquette and Bassuk (2009) identify that when privacy is scarce, parenting becomes open to public view, and the longer a family remains in the shelter, the more difficult it becomes to parent autonomously. Parenting free of input from others is difficult, and the context of parenting in public lends itself to discrimination and stigmas associated with homelessness (Paquette & Bassuk, 2009).

Childhood Difficulties

Critical development occurs throughout childhood, which makes children age birth to 18-years old, highly susceptible to disruptions to this natural progression; homelessness often presents children with such difficulties. According to the *Michigan Annual Homeless Report* (2010), 14,913 children from birth to 10-years-old were considered homeless and the average age of a child experiencing homelessness was 7-years-old. Research has established that longer durations of homelessness increases young people's susceptibility to a host of negative outcomes (Mayock, Corr, & O'Sullivan, 2011). One possibility of these negative consequences is that children experiencing homelessness may find extreme difficulty in coping with added stressors, especially if they have not had the ability to develop self-regulation skills (Paquette & Bassuk, 2009).

Children experiencing homelessness as part of a family may suffer from a lack of support and encouragement as a result of the tremendous stress parents undergo. It is widely recognized that support is significant for all individuals but critical during adolescence because of the number of transitions and potential challenges young people face (Mayock et al., 2011). Tyler and Schmitz (2013) recognize that a lack of supportive relationships and a stable residence are likely to make a successful transition to young adulthood particularly difficult, which emphasizes the need for practical, emotional, and esteem support through families. Effective change is rarely going to be stimulated from external factors, as research has shown that homeless youth are typically intrinsically motivated (Ruttan, Laboucane-Benson, & Munro, 2012). In order to facilitate positive change within youth experiencing homelessness, improved communication and trust were found to be two of the most critical factors; strengths-based approaches can foster the ability of homeless young people to create positive life changes (Mayock et al., 2011). Through

the establishment of family support and encouragement, childhood difficulties experienced while homeless may be eliminated so the child can effectively develop coping and transitional skills.

Resilience

The ability to overcome trying times is critical for families experiencing homelessness, which is why resilience is so important. Factors promoting resilience among families such as supportive relationships and family routines (Criss et al., 2015), as well as using family as a motivating factor are important for families in homelessness to develop and can be addressed via therapeutic intervention. Supportive family relationships can be defined in many ways, in fact Donley et al. (2017) stated that definitional issues are a consistent problem in all discussions of homelessness. Criss et al. (2015) argued that parent and adolescent positivity and positive parenting play critical roles in the pathway to resilience for families in economic crisis, such as families experiencing homelessness. Further explained, family resilience was interrelated with recognizing the patterns of regulation occurring at all family-system levels and family-based interventions were most effective when natural family developmental transitions were utilized (Criss et al. 2015). Additionally, it was found that family rituals encouraging parent involvement and communication promote child resilience (Criss et al. 2015). Family rituals could be anything from having dinner together to decorating for an upcoming holiday, the importance of the ritual lies with what is meaningful to the family. Finally, family can be a source of motivation and resilience for those experiencing homelessness. Motivation for and access to needed resources required to leave homelessness was directly tied to becoming or maintaining themselves as parents (Ruttan et al., 2012).

Parenting through Transitions

Tyler and Schmitz (2013) noted that “transitions refer to short-term changes whereas trajectories refer to pathways of development of individuals over time in which transitions are embedded” (p. 1720). Change in a child’s life can be difficult for a parent to navigate; the added stress associated with and transitional nature of homelessness (Donley et al. 2017) can make this especially hard for those parents. Family adversity influences children largely through its effect on parents and their parenting behavior (Monn et al., 2017), and due to the status of homelessness, the fundamental tasks of parenting, represented in Figure 1, may be inhibited (Bradley, 2007).

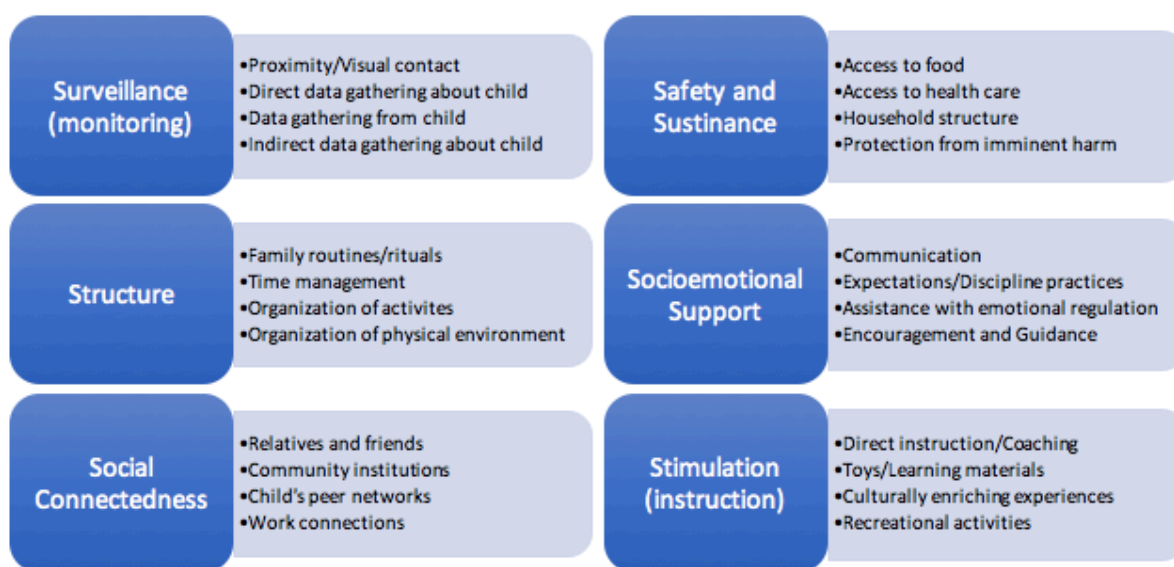


Figure 1. The Fundamental Tasks of Parenting condensed from the chart in Bradley (2007).

With regard to these parenting tasks, research has shown that remaining in the home community near established networks and receiving competent help from formal agencies aide in facilitating the transition out of homelessness (Mayock et al. 2011). Coping skills aide in transitional periods and without them, it is almost impossible to lead a fulfilling life. Nicholls

(2010) reported that among the homeless population studied, “once they had their basic needs met, the participants actually found they had no capacity to develop higher functions required to lead a well-lived life” (p. 35). This lack of an ability to live a meaningful life is where an occupational therapist could intervene to incorporate occupational participation for the participants in order to restore value to their lives. One coping skill reported as the most important was having the ability to access information in regard to community supports; being able to find this information individually reinforced the skill learned (Ruttan et al., 2012) and affirmed a feeling of self-sufficiency. With this information on skill acquirement, it makes sense that intervention is required at a range of levels and efforts to initiate change are needed from both the parents and the children (Mayock et al., 2011).

Parent-Child Relationship and Occupational Therapy

Early Intervention

Early intervention is an important area of OT that focuses on treating children ages birth to 3-years-old. The first 3 years of a child’s development are a critical period of cognitive and physical growth. If a child is not developing optimally or meeting specific developmental milestones, the child may be referred to an occupational therapist. OT early intervention focuses on the relationship between the parents and child. Often times, parents can feel as if their expectations of parenthood are not met or they may feel inadequate because they are unable to develop the same bond with their child as parents with a typically developing child (Price & Stephenson, 2009). One way an occupational therapist can enhance the parent-child bond is through a relationship-based approach.

Origin of Relationship-Based Approaches

To understand the importance of a relationship-based approach, it is helpful to understand the theoretical origins of this approach. Relationship-based approaches have their origins in attachment theory. According to Zeanah & Zeanah (as cited in Barfoot, Meredith, Ziviani, & Whittingham, 2017), attachment theory focuses on the developing parent-child relationship with an emphasis on early parental care. All infants have certain needs required for survival and optimal development. Furthermore, research by Bowlby (as cited in Barfoot et al., 2017), shows that when parents respond sensitively and positively to their infant's innate cues for nutrition and protection, positive parent-child relationships are developed. When a child is not reaching typical developmental milestones, the parent-child relationship can be affected. In terms of intervention, the occupational therapist needs to be aware of the parent-child relationship and the quality of their interactions (Barfoot et al., 2017).

Relationship-Based Approaches

Relationship-based approaches are a successful way to promote the development of parent-child relationships. According to a systematic review by Case-Smith, Frolek-Clark, & Schlabach (2013), OT interventions based entirely off a developmental frame of reference have minimal effects and are more beneficial when combined with social elements and family collaboration. Relationship-based approaches in early intervention focus on promoting positive parent-child collaborations to meet the needs of the child (Barfoot et al., 2017). There are two phases of a relationship-based approach that the occupational therapist takes to promote the parent-child relationship.

Phase one. The first phase involves assisting parents in becoming more attuned to the needs of the child; the occupational therapist can do this by interpreting the child's cues for the

parents. By helping the parents read their child's cues, the occupational therapist can help the parents become more responsive to their child, which in turn, enhances their relationship and facilitates development (Mayer, White, Ward, & Barnaby, 2002). Many times, if a child has developmental delays, his or her cues can manifest as behavioral issues. By interpreting a child's cues to parents, the occupational therapist can help the parents learn to interpret these behaviors as a form of communication, rather than the child acting out or being fussy (Mayer et al., 2002). Encouraging parents to become more attuned to their child's needs can with the discovery of behaviors that will promote optimal development (Barfoot et al., 2017).

Phase two. Once parents have become more familiar their child's unique cues, the occupational therapist can focus on the second phase of the relationship-based approach. This phase involves educating the parents on targeted developmental strategies to implement with their child, while continuing to be attuned to their child's needs (Barfoot et al., 2017). Along with educating the parents on developmental strategies, the occupational therapist should provide the parents with positive information about their child. Providing the parents with positive feedback about their child's strengths can help the parents realize their child's strengths and capabilities, rather than focus on their delays (Mayer et al., 2002). Positive feedback, in turn, enhances the parent-child relationship. Additionally, the occupational therapist often video-records sessions and reviews the videos with the parents (Barfoot et al., 2017). This approach enables the occupational therapist to assist the parents in recognizing their child's cues and further enhance the therapy experience (Barfoot et al., 2017). Furthermore, the occupational therapist should focus on the parents' body language when observing the interactions between the parents and child and share these interpretations with the parents (Mayer et al., 2002).

Co-Occupations

Along with providing a relationship-based approach to early intervention, promoting co-occupations between the parents and child is an important aspect of therapy. According to the Occupational Therapy Practice Framework: Domain and Process 3rd edition (2014), co-occupations are, “occupations that are shared and done with others” (p.56). As parents, engaging in co-occupations with their child is critical to the child's development. These co-occupations allow the child to develop numerous skills that are necessary for occupational development (Price & Stephenson, 2009). Typically, engaging a child who has development delays in co-occupations can be difficult. According to DeGrace (as cited in Price & Stephenson, 2009), if the parents are unable to engage in occupations they need and want to do with their child, the child’s development is negatively affected. Occupational therapy plays a vital role in providing relationship-based approaches to early intervention therapy and encouraging the parents to engage in co-occupations with their children. Occupational therapists help teach parents different strategies and ways to engage with their child that will support and nurture them (Price & Stephenson, 2009). Encouraging co-occupations between the parent and child can help the parent provide the child with more opportunities for meaningful occupational engagement within their environment (Price & Stephenson, 2009).

Homelessness and Occupational Therapy

Winifred Schultz-Krohn (2004) stated, "the unique rituals, routines, and meaningful activities that provide the glue for family integrity are severely disrupted when a family is faced with being homeless" (p. 532). OT services have the potential to help families experiencing homelessness, however, as discussed by Petrenchik (2006), OT does not have significant amounts of evidence of effective interventions in order to specifically address people

experiencing homelessness. Many interventions utilized by OT have the ability to address occupational performance issues that are common among those experiencing homelessness. Through a holistic approach, occupational therapists' unique services can benefit the population by addressing a wide range of client factors, which may have caused and could be impacted by a lack of permanent housing (AOTA, 2014).

Interventions

Occupational therapy interventions for people who are homeless primarily take place in shelters (Griner, 2006). Through the recommendation of those experiencing homelessness, interventions should focus on stress management skills and improve living skills (Muñoz, Reichenbach, & Hansen, 2005). In a study performed by Helfrich, Aviles, Badiani, Walens, and Sabol (2006), occupational therapists used an intervention for people experiencing homeless that utilized individual needs assessments to create goals in regard to life skills. Individual and group sessions were based on the goals created and as a result participants performance scores increased within the addressed life skill areas.

An area of concern for families experiencing homelessness is the ability to handle stressful situations. Hess and Bundy (2003) address the level to which children experiencing homelessness are susceptible to severe, chronic stress. Due to the fragile nature of children's brains, ineffective coping skills can contribute to maladaptive development. The Coping Inventory is found to be a useful tool in assessing the coping skills of the adolescents (Hess & Bundy, 2003). The association between playfulness and positive coping behaviors supports the use of play as an intervention. As families experiencing homelessness move through the transitional housing process, interactive play between parent and child could be useful in strengthening coping skills during the stressful period.

Indications

There is an absence of OT services in many community centers, including homeless shelters (Fisher & Hotchkiss, 2008), therefore there is a specific need for OT services to benefit families experiencing homelessness. Due to a lack of federal funding, few occupational therapists are able to secure positions with homeless agencies in the United States (Muñoz et al., 2005). Burt (as cited in Petrenchik, 2006), identified that single parent matriarchal families have an increased chance of experiencing recurrent homelessness. Since families experiencing homelessness can receive government funding, OT services could prove cost effective by helping families develop skills to live independently, therefore decreasing the likelihood of reoccurring homelessness. Other indications for OT interventions with families experiencing homelessness, including the mastering of life and coping skills, will nurture healthy development and prevent emotional dysregulation (Hess & Bundy, 2003). The development of positive coping skills will benefit all family members and support movement through the transitional housing process. Additionally, positive coping skills will be useful in other areas such as employment, school, and family or interpersonal conflict.

Occupational Therapy Models and Assessment Tools

Model of Human Occupation

Using the Model of Human Occupation (MOHO) to guide occupational therapy treatment provides client-centered and meaningful treatment for people experiencing homelessness. When using MOHO to guide intervention, the occupational therapist has an array of assessment tools to choose from. Through following the basic components of MOHO, the occupational therapist can assess the client's volition, habituation, and performance capacity through an initial interview and needs assessment. Using the interest checklist and role checklist allows the occupational

therapist to determine what interests the client and how the client views themselves and their roles. People experiencing homelessness often have low feelings of self-worth and control over their own lives. By using different assessment tools provided by the MOHO, the occupational therapist can address these issues. According to Kavanagh and Fares (1995), increasing a person's feelings of self-worth, opportunities of success, and feelings of control are crucial if a person experiencing homelessness wants to be successful in living independently.

The Occupational Circumstances Assessment Interview and Rate Scale Version 4.0 (OCAIRS) has shown success in gathering information about client roles, habits, values, interests, and past experiences (Bradley, Hersch, Reistetter, & Reed, 2011). The results from using the OCAIRS in a study conducted by Bradley et al., (2011) on people experiencing homelessness showed that 28% of the participants had inhibited participation in occupation and 50% were allowed participation in occupation but were not able to facilitate participation. This assessment tool allowed the researchers to gather both qualitative and quantitative information about the targeted population which can facilitate stronger intervention techniques.

Another assessment tool that has shown success in guiding intervention for people experiencing homelessness is the Ansell-Casey Life Skills Assessment (ACLSA) tool. The ACLSA was administered as a pre-test post-test to 73 people experiencing homelessness to assess their life skill need and intervention eligibility (Helfrich et al., 2006). The researchers in this study used MOHO and the empowerment theory to help guide their assessment and intervention development. By utilizing the ACLSA and life skill intervention, the researchers were able to incorporate empowerment into their intervention which encouraged clients to be active and engaged in the creation and delivery of their own services (Helfrich et al., 2006).

Utilizing MOHO allows the occupational therapist to support the client throughout the rehabilitation process and provide client-centered intervention (Kavanagh & Fares, 1995).

Canadian Occupational Performance Measure

Researchers have determined that conducting research on homelessness should be done from the perspective of the person experiencing homelessness (Takahashi & Wolch, 1994). The Canadian Occupational Performance Measure (COPM) is a client-centered assessment tool that can be used to assess how clients view their occupational performance (Tryssenaar, Jones, & Lee, 1999). As mentioned previously, people experiencing homelessness often have barriers to their occupational performance. Participants rate their perception of performance and their satisfaction with performance for each problem area identified in the COPM (Muñoz, Garcia, Lisak, & Reichenbach, 2006), making this a useful tool for discovering the affected areas of occupational performance. Furthermore, the COPM requires the participants to rank the performance issues identified as most important for treatment goals (Muñoz et al., 2006). In a study conducted by Tryssenaar et al. (1999), the COPM was used with people living in an emergency shelter in Ontario, participants reported that using the COPM during the interview was relevant to their situation and the process of completing the COPM was therapeutic in itself. Overall, the COPM provides a structured process for the participants to engage in problem identification alongside the occupational therapist (Muñoz et al., 2006).

Conclusion

The experience of homelessness impacts the lives of individuals and families on a regional, state, national, and global level. While there are many commonalities that epitomize this experience, it should be noted families' needs are distinctly different from those of individuals. The purpose of this unsystematic literature review is to identify current gaps in the

research that will guide the formation of a research design, and ultimately support the development of relevant programming and intervention strategies for this population.

The experience of homelessness directly impacts a person's opportunities and ability to engage in meaningful occupations, therefore, OT as a profession is uniquely positioned to provide holistic, client-centered, and culturally-relevant care to these families. Warchol (2004) stated, "the will to live withers if the person no longer feels a sense of purpose and enjoyment from successful engagement in valued roles and activities" (p. 60). Through the creation of physical and social environments that support engagement in meaningful occupations, OT practitioners can provide families who are experiencing homelessness with connections to external resources and opportunities to develop personal strengths. These are necessary to successfully and healthfully navigate the transition from a period of homelessness to more permanent housing.

In summary, homelessness should be regarded as a transitional experience that occurs over time, and can be successfully navigated through the mastery of new skills and the development of a fluid occupational identity. Throughout a period of homelessness, parents and children can experience difficulties that force a different type of family bond to form. Families experiencing homelessness often find a strong sense of resilience through their tribulations, which can greatly depend upon the parenting level throughout the transitions. Parent child relationships have been addressed through occupational therapy interventions and are an important component of a family unit. These relationships can be impacted by the experience of homelessness and occupational therapy interventions can help to provide guidance for developing this relationship. Families experiencing homelessness will benefit from interventions on life and coping skills, and decrease the chance of returning to the state of homelessness in the

future. Furthermore, MOHO has shown to be a useful model to help frame OT intervention with people experiencing homelessness. Specifically, the COPM has been successful in providing guiding intervention planning to address occupational performance issues of people experiencing homelessness. Although research regarding occupational therapeutic interventions with families transitioning out of homelessness is lacking, it is recognized that transitions are not easy and require coping skills, which can be developed through occupation-based therapeutic intervention.

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