The Role of Occupational Therapy for Homeless Women and Women At-Risk of Homelessness

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Chapter 1: Introduction

According to the National Alliance to End Homelessness (2020), 151,278 individuals were homeless in California in 2019. The current impact of COVID-19 has undoubtedly increased these numbers in 2020, although an accurate census cannot yet be determined (National Alliance to End Homelessness, 2020). Additionally, 40% of homeless adults are women, indicating that there is a significant number of women who are at-risk of homelessness (National Alliance to End Homelessness, 2020). The purpose of this literature review is to provide an overview of the existing literature specific to women who are homeless and at-risk of homelessness.

Background

In this paper, several different theories and trends in research will be highlighted. The Occupational Justice Framework underscores the importance of empowering populations who are marginalized, like people who are financially impacted, to participate in the daily occupations that are valuable and meaningful to them personally (Durocher et al., 2014). The KAWA Model uses different metaphors to describe the life narrative of an individual and to identify barriers that can be overcome (Richardson et al., 2010). The KAWA Model can be particularly beneficial for someone who has experienced poverty or homelessness when understanding circumstantial barriers and identifying other opportunities that may lead to future successes. Finally, the Social Stress Framework will be explored to evaluate how stigmatization and stress can result in mental health difficulties for this population (Huey et al., 2014). Therefore, all of these theories will provide evidence for how occupational therapists (OTs) can benefit this population through evidence-informed services.
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There are several themes that will be emphasized within this paper in addition to theories. Community reintegration is one theme that will be highlighted in the paper; for many women who have experienced homelessness or poverty have also experienced difficulty transitioning back into the community and managing social stigmas (Groton et al., 2017). Predictive identifiers for homelessness that are examined in literature will also be expanded on, for difficulties in mental health, domestic abuse, and addiction can act as precursors for homelessness (Chambers et al., 2017). It is important to recognize these three factors as possible predictive elements for homelessness in order to provide preventative care and therapeutic services. Role transitions is the final theme uncovered through this literature review, and addresses how adjusting into different work and social roles can be strenuous while simultaneously overcoming financial difficulties (Levin & Helfrich, 2004). These themes will be explored in more detail through this paper.

A gap in the literature that has been underscored in this paper is that many occupational therapists are employed with programs that work with women who are already homeless, but there are not enough occupational therapists working with at-risk of homelessness populations. Insufficient funding at organizations create a limited number of job opportunities available for occupational therapists to work with individuals who are homeless contribute to making this a marginalized population within the healthcare system. Although more occupational therapists are beginning to work with this population, there is a need for more occupational therapists to be involved in their plan of care (Gammon, 2019). However, the literature does not indicate how occupational therapists can work to prevent homelessness or to assist women who are at-risk of homelessness, and this literature will seek to explore how occupational therapists can assist and empower this specific population.
Purpose Statement

This capstone project is focused on assessing the occupational needs and barriers of women at-risk of homelessness at a resource center. A needs assessment, facility observations, and research study were conducted to identify population needs and create a client-centered program for offering occupational enrichment to these women at CMOH.

Connection to Theory and Rationale for Proposed Project

This project will provide future program ideas to propose for this site in order to provide occupational enrichment to individuals who are financially marginalized from society.

“Liminality” is a term that is used to encompass the difficulties that individuals who are homeless/at financial risk experience when reintegrating into a stable household, vocation, or various occupational roles (Chamberlain & Johnson, 2018). Liminality includes the material, psychological, and relational realms of individuality that shift when an individual is experiencing this reintegration. Homelessness is associated with societal stigmatization and marginalization, making housing and job allocation difficult secondary to biases existing in employment and housing offices (Chamberlain & Johnson, 2018). With support from resource centers, family, or governmental assistance, many individuals can overcome financial difficulties within the material realm of liminality. However, the psychological domain of liminality continues to be a barrier for individuals overcoming homelessness or financial crises (Chamberlain & Johnson, 2018), indicating that there is a huge population need for increased mental health provisions to aid in occupational role adjustments.

The Occupational Justice Framework (OFJ) underscores the idea that individuals have the right to engage in meaningful occupations integral to their societal participation and personal autonomy (Durocher et al., 2014). OFJ addresses occupational apartheid, deprivation,
marginalization, alienation, and imbalance (Durocher et al., 2014). In another study, occupational deprivation was tied to the notion people who are homeless do not often have access to supportive work, social, or housing environments, indicating they are deprived from these occupations that are necessary for a healthy, balanced lifestyle (Hansen, 2013). Furthermore, OFJ indicates client-centered practice and empowerment can be used to combat these occupational injustices within a therapeutic context.

A model of practice that can be applied to this program development is the Model of Human Occupation. This model focuses upon reexamining identity and role competence to encourage healthy occupational activity (Kielhofner, 2008). Establishing self-identified vocational and personal roles, creating healthy and proactive daily routines, and achieving personal causation to implement individualized goals are aspects that will be incorporated into program development. In one study, seven homeless mothers expressed experiencing difficulty with role transitions into motherhood, fulfilling role expectations related to mothering and balancing work/financial expectations, and overcoming stigmas that were barriers to their own personal goals (Levin & Helfrich, 2004). If an individual continually receives feedback that they have unsatisfactory work ethics or life management skills, then this feedback could turn into a self-fulfilling prophecy that degrades that individual’s sense of personal worth. The Model of Human Occupation states that individuals can find purpose, meaning, and role fulfillment through participating in meaningful occupations (Kielhofner, 2008). Therefore, this program will seek to empower women at-risk of homelessness through offering them meaningful occupational encouragement and training for a sustainable future in both financial and personal endeavors.

A third model of practice that offers meaningful reflective and empowerment opportunities for women at financial risk is the Kawa Model. The Kawa Model denotes that
using a river as a theoretical metaphor for life can describe the unique challenges, barriers, and strengths that an individual has along their “river” of life (Paxson et al., 2012). An individual who experiences financial trauma can interpret their own river path, which can serve both as a therapeutic tool and a model of practice for enhancing the empathetic therapeutic relationship with a client (Paxson et al., 2012). This model presents as a culturally-inclusive, client-centered, interpretive theory that can empower women to identify their own occupational barriers and solutions. A river can serve as a powerful metaphor for displaying how healthy occupational participation (such as engaging in sustainable work, safe housing, effective home management), can carry someone forward along the river of life, despite previous barriers that withheld occupational engagement (such as financial disparity, substance abuse, or domestic violence). This model of practice holistically analyzes the life narrative of a person as a platform for creating a healthy occupational plan for that individual’s future.

**Objectives**

- Observe current programming at CMOH
- Administer needs assessment
- Assess the strengths and limitations of current programming at CMOH
- Administer interviews for research study
- Deliver a program proposal for CMOH based off of research findings
- Identify current and future potential funding sources

**Definition of Terms**

- *Financial trauma* occurs when an individual experiences an extensive, dramatic loss in financial assets that can often lead to post-traumatic stress disorder (Klontz & Britt, 2012).
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- *Homelessness* is defined as a situation where an individual lacks permanent housing due to financial circumstances (Christian, & Howson, 2019).

- *At-risk of homelessness* occurs when someone lives at or below the poverty line, and may potentially lose their home/shelter due to financial circumstances (Finley, 2018).

- Activities of daily living (BADL) encompass essential self-care activities performed everyday, including eating, bathing, dressing, mobility, grooming, and toileting (D’Amico, Jaffe, & Gardner, 2018).

- *Instrumental activities of daily living include activities* (IADLs) that are not necessary for survival or basic functioning, but allow an individual to maintain an independent lifestyle in the community, such as preparing meals, cleaning a home, or performing childcare (D’Amico, Jaffe, & Gardner, 2018).

**Assumptions**

Many assumptions can be attached to individuals who are at-risk of homelessness, of which should be refrained from during the conduction of this needs assessment. An assumption is that these individuals will have occupational needs in the areas of ADLs and IADLs prior to commencing this needs assessment and research study.

**Limitations**

In this study, one limitation is that only two participants were recruited due to the lack of technology and internet acquisition that clients have at CMOH for receiving emailed flyers regarding this study. This study was originally designed to be in person, so there were limitations exhibited by this technology barrier. Another limitation is that there was ambiguity over the term definition for meaningful, which was identified when Participant A requested clarification for the definition of meaningfulness when asked “how would you describe meaningful?” by the
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researcher. Therefore, these were a couple limitations to this study, and with further participant recruitment in the future, some of these limitations will be overcome.

Another limitation was due to COVID-19 restrictions, this entire study was conducted virtually over the phone, which reduced the amount of assessments provided to accommodate this remote option. Many individuals who are homeless or at-risk of homelessness do not have access to cell phones or computers, which made it difficult to gather sufficient participants for this research study. Some clients at CMOH who are homeless do not have adequate phone service, access to a phone, or internet, which made both learning about and participating in this study difficult for these potential clients. Therefore, performing virtual research was a barrier for women who did not have access to technology necessary for participation.

Delimitations

A delimitation of this study is that there will not be exclusion criteria related to the cause of homelessness for participants (i.e. circumstantial, domestic violence, substance abuse). Individuals can become homeless due to a variety of factors, and this study will not be limited by the reasons that individuals are homeless. Another delimitation is that various populations of individuals undergoing financial trauma will not be excluded in this study. Additionally, a delimitation is that case management will provide verbal recruitment for participants to join this study in case an emailed flyer was not attained. Women who are at-risk of homelessness, currently homeless, or transitioning out of homelessness will be included in this study. Therefore, this study will seek to provide an inclusive, comprehensive analysis of the barriers and needs for various women experiencing financial trauma.
Chapter 2: Literature Review

The University of St. Augustine library database was used to search for literature regarding the topic of women homeless or at risk of homelessness. Key terms used in the search included: homelessness, domestic violence, veterans, homeless women, women at risk, at risk of homelessness. Articles were limited to English language, scholarly, full-text articles. After review of article content, 69 articles were used in this capstone project. The emergent themes from the literature were community reintegration, predictive identifiers for homelessness and role transitions.

Community Reintegration

Community groups can shape positive occupational participation, especially for groups that are centralized upon creating support structure, community projects, autonomous decision making for individuals who were homeless have experienced decrease in return to homelessness and addiction (Boisvert et al., 2008). One study found that beneficial interventions that promoted increased meaningful occupational participation and community integration for this population included the following: developing prevocational skills for entering into the workforce, managing stress through developing leisure interests and coping skills, effectively performing self-care, engaging in social and interpersonal skill development, and re-engaging in the surrounding community (Herzberg & Finlayson, 2001). Meaningful habits and occupations are substantially developed when they are practiced in everyday life. Individuals who are homeless or are at-risk of homelessness have been marginalized socially and financially within their community and reintegrating them back into the community can hold many psychosocial and occupational benefits.
Homeless women and those at-risk of homelessness also experience unique difficulties with integrating into the community due to societal stigmas and balancing other roles, such as caregiving as single mothers while attempting to gain employment, leading to financial hardship and other circumstantial difficulties (Groton et al., 2017). Community-based peer groups that focus on navigating accessible/affordable transportation, caregiving for a new baby, receiving advocacy as mothers of low socioeconomic status, attaining materials for caregiving for a child (financial management, accessing the community for material needs), and pregnancy education are beneficial for reintegration into the community (Ake et al., 2018). Another study found that community programs and resources focused on increasing the supply of affordable housing, supporting individual’s in vocational training and job maintenance, and facilitating relational healing with supportive extended relatives can result in preventing cyclical homelessness (Bassuk & Rosenberg, 1988).

Recovery from addiction is another important factor to address for community reintegration for this population. In a study of 581 homeless adults, 83.8% reported alcohol dependency (Neisler et al., 2019). Offering individuals meaningful occupational engagements that provide a just right challenge can help someone overcome addictive patterns. Occupations can either be too difficult or busy, resulting in stress, or can be too easy, resulting in boredom. Both of these are precursors for addictive patterns to arise; therefore, indicating that facilitating a balanced life full of meaningful activities would be most beneficial for this population.

Spirituality and faith communities are often beneficial for preventing homelessness (Hurlbut & Ditmyer, 2016). Women often believe that their lives will improve and that their lives hold greater meaning when positive spirituality is incorporated into their recovery from homelessness or financial liability (Hurlbut & Ditmyer, 2016). Therefore, community-based
religious institutions can be beneficial for enhancing the positive life experiences of women who are homeless or at-risk of homelessness.

Many women who are homeless or at-risk of homelessness have experienced previous abuse and/or traumatic childhood events. PTSD is common amongst individuals who are homeless, and can be a result of unhealthy home environments, abuse, or other mental health co-morbidities (Aviles & Helfrich, 2006). Providing client education on life skills (job preparation, engagement in education, household management, etc.) while collaborating with a participant can increase their ability to overcome trauma and acquire the skills needed for independent living. As young women transition from an unhealthy household to a healthier, more independent environment, it is imperative that professional services are offered and attend to these researched population needs (Aviles & Helfrich, 2006).

Many individuals who are homeless or at-risk of homelessness have most likely participated in their local community, interviewed for a job, attended school, and had a familial life role. However, negative life experiences in the community associated with these different skills or occupations may have led to financial difficulties. Experiencing positivity with therapeutic interventions, such as focusing on productive occupations related to money management or leisure activities, can result in increased skill acquisition related to meaningful occupations (Thomas et al., 2011). Providing positive experiences for individuals specifically related to employment, education, and housing can produce long-term positive occupational participation and recovery from homelessness (Roy et al., 2017). These positive occupations can be addressed through attending to the holistic emotional, physical, social, and cultural well-being of an individual who is homeless or experiencing financial trauma (Thomas et al., 2017). Spiritual health is a further positive life experience that can improve the occupational
participation and lifestyle for women at-risk of homelessness (Hurlbut & Ditmyer, 2016). A further study investigated how many adults who are homeless already maintain motivation to improve their life circumstances, yet many people simply lack access to basic amenities (like adequate food or housing) and positive occupational experiences (Maness et. al, 2019). Many negative experiences with occupational participation arise from uncontrollable experiences women who are homeless live through, indicating that compassionate, therapeutic engagement is necessary for facilitating their personal growth and overall well-being (Fordham, 2015).

Therefore, it is important to correlate occupations with positive life experiences as a method for empowering and encouraging these societally marginalized individuals into healthy occupational roles and daily activities.

Community reintegration is an important piece of underscoring the importance of occupational therapy services for supporting women who are homeless/at-risk of homelessness. Occupational therapists can assist with building and refining skills that are necessary to accomplish everyday occupations for this community reintegration, such as acquiring a job, stable housing, or entering into healthy relationship roles.

**Predictive Identifiers for Homelessness**

*Mental Health*

Poor mental health for women at-risk of homelessness can possibly be correlated to decreased social support, sexual or physical abuse within the past year, chronic health conditions, or addiction (Chambers et at., 2017). Women have reported having symptoms of Post-Traumatic Stress Disorder (PTSD) and social isolation secondary to homelessness and/or an abusive situation (Chambers et at., 2017), indicating that addressing the mental health concerns of this population is necessary for their community reintegration and holistic well-being. Tinland et al.
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(2018) conducted a randomized control study across France to collect data on mental health disparities amongst 703 homeless individuals. This study showed that women were more likely than men to experience sexual assault, display post-traumatic stress disorder, maintain severe depressive symptoms, be at a greater risk for suicide, and develop more physical health problems (Tinland et al., 2018). Therefore, this study emphasized the importance of offering mental health services to enhance the quality of life for this population.

Individuals who are homeless experience more psychological and physical health difficulties than the general population (Durbin, 2018). Caton (1995) found that homeless women had higher rates of a concurrent diagnosis of alcohol abuse, drug abuse, antisocial personality disorder, and decreased familial support than women who were not homeless. Many individuals may have difficulty using healthy coping skills to address stress or may have a decline in intellectual functioning that presents as a barrier for employment and housing (Durbin, 2018). Despite this prevalence of health disparities for this population, many programs that support individuals who are homeless do not include cognitive/intellectual health in their programming. Durbin (2018) found the longevity of an individual’s homeless status was often correlated with low intellectual functioning. In this study, people with lower intellectual functioning were homeless for three or more years compared to those with higher cognition (Durbin, 2018). Therefore, programs for this population would beneficially serve others through offering cognitive interventions for this population.

**Domestic Abuse**

Decreased community support can add to risk factors already present for individuals at-risk of homelessness, which can include having a severe mental illness, having a family background of homelessness, and previously using mental health services (Caton, 1995). Lutwak
displayed that there is a gap in research pertaining to the impact of therapeutic efficacy on remediation from domestic violence. Survivors of intimate partner violence, to include life threatening situations, often have PTSD; therefore, would benefit from receiving techniques to cultivate coping skills and overcome symptoms. Ngo (2016) found that through healthcare and social community programs, women at-risk of homelessness can decrease depressive symptoms and increase socioeconomic outcomes. Women who learn coping skills and problem solving in a therapeutic context have increased quality of life, mental wellness, physical activity, reductions in life stressors, increased stability, and decreased missed workdays (Ngo, 2016). Tinland (2018) showed evidence that homeless women have a higher suicide risk, worse physical health status, and lower quality of life compared to men who were homeless and struggling with PTSD.

**Addiction**

People who are homeless or living in poverty often utilize addictive substances in order to cope with their circumstances (Neisler, et al., 2019). Many individuals who are homeless also have a comorbidity of substance abuse and addiction. Aviles & Helfrich (2006) indicated that more than 70% of people who are homeless also have difficulties with substance abuse, 35% have other mental health difficulties, and 25% have dual diagnoses. Heuchemer & Josephson (2006) used narrative qualitative data from two previously homeless women who were undergoing addiction recovery. Many homeless women experiencing addiction difficulties feel a discord between their present life and future, therefore, making everyday occupations difficult to accomplish and exacerbating mental health conditions (Heuchemer & Josephson, 2006). However, encouraging individuals who are homeless and/or have a substance abuse disorder to participate in meaningful occupations (such as gathering interview/employment skills, practicing
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activities of daily living, household and financial management, etc.) can encourage an individual to find hope for their future (Heuchemer & Josephson, 2006).

Another study by Marshall, Lysaght, and Krupa (2017) established the idea that boredom can coincide with substance abuse, indicating that occupational deprivation can result in addictive behavior. Another article proposed that finding meaningful, engaging, productive occupations (such as applying for jobs, seeking out meaningful future work endeavors, exploring leisure interests) can enhance the ability of an individual to overcome homelessness and addiction (Marshall et al., 2017). It is important to address both of these realms, and to seek combating homelessness and addiction simultaneously through facilitating an individual’s engagement in meaningful occupations. The literature reveals a correlation to homeless and substance abuse. OTs must be knowledgeable in symptoms and signs of substance abuse.

In an interview-based study, similar to this present study, women enrolled in “The First Steps for Women” treatment program were gathered for identifying themes related to addiction recovery (Baird, et al., 2014). This is a 90-day substance abuse recovery program for women who are homeless and addresses addiction recovery while building up independent living skills for participants (Baird, et al., 2014). Four themes were traced from these interviews pertaining to the needs homeless women have for addiction recovery (Baird et al., 2014). These themes include: feeling unprepared to independently and successfully navigate the community, communicating with service providers, having a consistent provider through their recovery process, and policy inconsistency on relapse (Baird et al., 2014). Therefore, this article indicates that community integration and consistency in therapeutic approaches are necessary for addiction recovery. In another interview-based study that interviewed women in prison, researchers gathered that these participants’ healthcare experiences ineffectual, inaccessible, transient in
relationships, and disrupted secondary to stigmas (Abbott et al., 2017). Therefore, it is important to provide client-centered care focused upon increasing participant access to addiction recovery services and healthcare. In regard to finding stable community housing, another study found that readiness to change was a higher predictor for overcoming substance addiction, compared to housing options (Upshur, 2014). Homelessness can aggravate or lead to alcohol/drug use, but many individuals are motivated towards change when presented with addiction recovery service options. Therefore, increasing the meaningful activities that engage, rather than overwhelm, individuals at-risk of homelessness can help prevent or alleviate addiction difficulties.

**Role Transitions**

Arising out of a difficult financial circumstance not only requires determination and skill acquisition, but furthermore demands role changes to occur. Becoming an employee, caregiving, serving as a financial leader in the household, and becoming a student are all roles that may be new and transitional for someone exiting homelessness. Therefore, it is important to address the importance of role shifting, preparing for new occupational obligations, and developing confidence for the roles within a therapeutic context.

Many individuals who are homeless during adolescence find it difficult to attain confidence and competence in motherhood (Levin & Helfrich, 2004). The establishment of a healthy, supportive peer group can increase identity formation and increase their satisfaction in adjusting to new roles as mothers (Levin & Helfrich, 2004). Creating supportive group activities through leisure participation can be beneficial for developing occupational balance and promoting mental wellness, such as craft groups, have been evidenced as beneficial for homeless mothers in one qualitative study (Schultz-Krohn et al., 2020). Many women at-risk of homelessness are often young females, indicating that facilitating support and education for
childcare could be valuable for this population (Schultz-Krohn et al., 2018). If someone is transitioning out of a shelter, then transferring into a household management role can be exceptionally difficult to manage due to both financial and social pressures that come with this transition (Schultz-Krohn et al., 2018).

Some women and families who are at-risk of homelessness are veterans who have experienced difficulty with role transitions into mainstream society (Chinchilla et al., 2019). Secondary to PTSD or addiction difficulties, role transitions with employment or familial duties can be difficult to manage (Chinchilla et al., 2019). Mental illnesses are common amongst homeless veterans, and providing support and skill training for employment are important areas of therapeutic intervention for facilitating independence (Leddy et al., 2014). OTs can be available for assistance with community adjustment and role transitions with employment and housing for this population (Chinchilla et al., 2019). Community reintegration and supporting the complexity of roles individuals who are veterans experience can help prevent or reduce the impact of homelessness (Chinchilla et al., 2019).

Many individuals who are homeless have unique social roles. Rather than belonging to the community at large, they are often ostracized and find community amongst other individuals experiencing homelessness (Bower et al., 2018). Many individuals who are homeless or who are at-risk of homelessness might find it difficult to obtain independent living skills. Transitioning into the role of a homemaker, maintaining a house, finding an affordable living situation, paying rent, and performing housekeeping duties can be inhibited by financial stress (Levin & Helfrich, 2004). Therefore, it is important to address these occupational challenges when reintegrating an individual into their home community.
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Many individuals who are homeless or who are at-risk of homelessness might find it difficult to obtain independent living skills and to transition into healthy family or social roles. Maintaining a home, finding an affordable housing situation, paying rent, and performing housekeeping duties can be inhibited by financial stress, mental illness, and substance abuse (Gutman & Raphael-Greenfield, 2017). Therefore, it is important to address these occupational challenges when reintegrating an individual into their home community. One study found that stability in housing and household maintenance was predicted by decreased substance abuse and increased mental health (Marcus et al., 2018). In another study, intervention were provided to a group of homeless adults by an occupational therapist that included practicing social skills and interactions for housing interviews, how to be a good tenant, managing money, cleaning strategies, exploring a new neighborhood, finding local job opportunities through community living, and addressing health and wellness (Gutman & Raphael-Greenfield, 2017). As a result of these interventions, this intervention group made greater progress towards housing goals and reported a higher quality of life than the control group. Therefore, facilitating independent living skills related to home management is necessary for transitioning into healthy long-term housing options. Healthy relationship maintenance can also assist in cultivating skills for household management and attaining long-term housing (Herald Times, 2018). Therefore, occupational therapists can assist individuals at-risk of homelessness with maintaining and building skills necessary for transitioning into the role of maintaining a house and balanced social life.

The current COVID-19 pandemic has imposed unique stressors for low-income individuals and families in addition to creating drastic role transitions for this population. One study suggests that social distancing measures might endure for another 18 months (MLO, 2020), which will continue to decrease the job availability of women at-risk of homelessness.
Additionally, many women who are at-risk of homelessness must balance work duties and homeschooling/caregiving for their children, which is a financial circumstance that has been unprecedented before on a worldwide level. Many of these mothers are experiencing difficulty balancing role transitions, for altering ones’ life from a busy work schedule to childcaring at home while managing financial difficulties can be a mentally exhausting and frustrating circumstance (Tanzi, 2020). Low income workers have also experienced increased stress secondary to a lack of virtual accessibility for their jobs, unlike higher income individuals who have digital options for remote working (Tanzi, 2020). Many industries may shift to offering completely virtual work from home (AHC MEDIA, 2020), which can be devastating for women at-risk of homelessness through requiring a computer, wireless internet, and access to other virtual tools at home. Shutdown policies have in particular impacted these lower paying employees (Dey & Loewenstein, 2020), and this can have deteriorating impacts on the present and future financial stability and occupational balance of women at-risk of homelessness. Telemedicine may become the new norm for many health professions (AHC MEDIA, 2020), which draws the implication that occupational therapy services also may become more prevalently offered for this population, which can be difficult to participate in if someone does not have access to a computer.

Even individuals who have experienced financial difficulty or poverty secondary to the COVID-19 national shutdown may not be eligible for stimulus checks, for if someone is unemployed due to the pandemic, their previous tax returns make them ineligible for this government support (Smith, 2020). Therefore, the population of women at-risk of homelessness will increase as a byproduct of the lack of income and government support based upon tax returns. Additionally, dependents will not qualify for payment, which eliminates younger women
and college students from these financial supports if they are dependent upon their parents’ income (Smith, 2020). While people survive off of this government support and rapidly file for unemployment, there is a discrepancy between different states and policies that indicate how the economy might reopen (Preskorn, 2020). Job opportunities are expected to slowly increase as different levels of exposure danger are mapped out across different states (Preskorn, 2020). However, until the economy fully reopens, it is predicted that people who financially struggling will continue to experience difficulties with financial management, job acquisition, and balancing these role changes (Preskorn, 2020). Given all of this information, occupational therapists have the unique opportunity to meet the holistic needs of women at-risk of homelessness.

In addition to the financial impact of the pandemic, many individuals are also struggling with mental health crises at home (Brown, 2020). There has been a worldwide rise in anxiety and depression, which may lead to decreased participation in work or home-life roles secondary to this mental health difficulties (Brown, 2020). Therefore, many women at-risk of homelessness may be experiencing not only more financial difficulties, but difficulties with role transition and mental health as a byproduct of this pandemic.
Chapter 3: Project Description

The purpose of this project was to assess the occupational needs and barriers of women at-risk of homelessness at a resource center. To gather a holistic picture of these individualized needs and barriers of these participants, this project was completed in two phases. In Phase 1, a needs assessment was performed to identify the diverse needs CMOH has in regards to programming at this facility in order to best meet the occupational needs of clients at this center. In Phase 2, a research study was conducted to explore the life narrative of two women to assess their individual occupational needs and barriers, and a comparison to previous literature will be created to understand population needs. This was a qualitative, interview-based research study that was conducted over a recorded phone call due to COVID-19 restrictions. Recorded sessions were then transcribed, coded, and evaluated to determine the emerging themes.

Participants

In the needs assessment that was performed, clients of CMOH, clients, and staff members were interviewed in order to understand client needs for CMOH programming (interview questions contained in Appendix A and B). For the research study, all participants were gathered voluntarily from CMOH in Temecula, CA through emailed flyer recruitment sent to clients by case managers. These participants followed inclusion criteria of being at-risk of homelessness (as indicated by case management), over 18, female, and willing to participate in multiple assessments of occupational needs.

Materials

In the needs assessment conducted, materials included the interviewer’s laptop for recording the responses of clients, volunteers, and staff members at CMOH. These responses
were confidentially stored on this locked laptop with the researcher’s personal password, and names were not included in these assessments to provide client confidentiality.

Due to restrictions with COVID-19, a qualitative interview was used instead of standardized occupational therapy assessments for the research study completed. In order to reduce the risk of exposure for clients at CMOH through an in-person study, this study was completed over the phone. Topics in this interview included assessing what daily activities participants experience stress, meaning, or satisfaction in. These open-ended, exploratory questions sought to allow participants to gather a larger understanding of what barriers and needs this population has with daily occupations. Audio recordings of interviews were deleted after information is confidentially typed up, and saved on a locked, private computer with first/last name initials written instead of full name.

Multiple assessment tools were previously going to be used for evaluating the holistic needs of participants at CMOH. These tools were not used due to COVID-19 restrictions that limited the amount of in-person services offered at CMOH, leading to the inability to deliver paper assessments that could be completed with participants at this center. Instead of offering in-person assessment tools, an interview-based research study was conducted over the phone with two participants from CMOH. The Quality of Life Scale is one assessment tool that was going to be used for pre and post testing of all participants. This scale provides insight into an individuals’ self-perceived quality of life, and provides standardized quantification of shifts in self-perception over the course of a therapeutic intervention (Fleury-Bahi, Marcouyeux, Préau, & Annabi-Attia, 2013). The Patient Health Questionnaire is another assessment that was going be used for this study. This questionnaire is a short, easily-administered assessment that can provide a screening for psychiatric symptoms in all participants at the commencement of evaluations (Amoran,
The Canadian Occupation Performance Measure was another assessment that would be utilized to gather a picture of the occupational priorities and level of satisfaction that individuals hold (Baptiste, Law, McColl, Carswell, Pollock, & Polotajko, 2014). The Kawa Model was going to be used for both assessment and intervention for all participants, and will require additional blank white papers, colored pencils, and pens to complete (Paxson, Winston, Tobey, Johnston, & Iwama, 2012). The Goal Attainment Scale was also going to be an assessment administered to establish the individualized goals each participant holds. These goals can be linked to therapeutic goals, and can lead to a client-centered treatment plan for future therapies offered at this site.

**Design**

A qualitative study was used to identify specific occupation-based goals, barriers, and needs of women-at-risk of homelessness. Programming was designed for women at CMOH based upon data collected from both the needs assessment and the qualitative study that was conducted. Themes regarding occupational needs and barriers were gathered from the study interviews, and these themes provided the foundation along with the results from the needs assessment for identifying future programming plans for CMOH. An analysis and intervention approach was utilized for continuing program development is health promotion and creation (AOTA, 2014). Promoting healthy occupational balance, participation, and goal setting will be the focus of this program for clients at this center.

**Timeline**

The goal of this capstone project was to assess the occupational needs and barriers of women at-risk of homelessness at CMOH and to initiate a client-centered program based upon needs identified in assessment. Participants were provided one phone interview that lasted the
duration of one hour. This assessment was delivered virtually for clients at the Community Mission of Hope, and themes regarding population needs were traced from the qualitative methods data gathered in these evaluations. Data from these interviews were confidentially typed up by researcher and will be saved on a locked, private computer with first/last name initials written instead of full name.

The timeline outlined below provides a depiction of project goals and objective dates.

**Table 1**

*Objective Timeline*

<table>
<thead>
<tr>
<th>Date</th>
<th>Objective</th>
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<tbody>
<tr>
<td>11/19/19-12/1/19</td>
<td>Observe current programming at CMOH</td>
</tr>
<tr>
<td>12/1/19-12/13/19</td>
<td>Administer needs assessment</td>
</tr>
<tr>
<td>5/11/19-6/17/20</td>
<td>Assess the strengths and limitations of current programming at CMOH</td>
</tr>
<tr>
<td>7/1/20</td>
<td>Administer interviews for research study</td>
</tr>
<tr>
<td>7/20/20</td>
<td>Deliver a program proposal for CMOH based off of research findings</td>
</tr>
<tr>
<td>8/1/20</td>
<td>Identify current and future potential funding sources</td>
</tr>
<tr>
<td>8/10/20</td>
<td>Initiate an occupational therapy program based off of research findings</td>
</tr>
<tr>
<td>8/10/20</td>
<td>Identify current and future potential funding sources</td>
</tr>
<tr>
<td>8/10/20</td>
<td>Identify and contact schools and resource centers in communities surrounding Riverside and San Diego</td>
</tr>
</tbody>
</table>
Chapter 4: Results & Analysis

Phase I: Needs Assessment

Observations

Observations of CMOH programming were conducted in November-December of 2019 to assess what current services were offered at this facility (see Appendix A and B for details). This center has diverse opportunities for enabling people to receive mentorship, case management services, food, and emergency housing. CMOH provides a community of care for their clients, and this project outlined the various strengths and weaknesses of this particular facility. Observations were conducted on the facility programs, policy, and procedures.

Interviews

The Community Mission of Hope provides services and programming for people who are homeless/at-risk of homelessness. As demonstrated in Appendix C, one of the greatest strengths of this resource center is that a holistic approach is utilized for providing excellent client-centered care. Women who are at-risk of homelessness are not only involved in personalized mentorship and case management to support their financial and social needs, but are additionally welcomed into several different departments of assistance/service through CMOH. Case managers are able to support different occupations, such as being able to engage in household management and acquisition through locating low income housing facilities and enabling individuals to have access to food through checking their eligibility for participating in the food bank. Mentorship is another facet of this facility, and enables participants to attain social inclusion opportunities through church events and other social occupations in the community. Additionally, this center has office space available for clients to speak privately with a case manager, and this provides the opportunity for any future occupational therapy students or other
professionals to be able to provide assistance for clients. The staff and volunteers are collaborative, making it feasible to support clients with any diverse needs that they may present with.

A needs assessment was conducted with 15 participants in December 2019 before the COVID-19 pandemic which included staff members, volunteers, and clients. Appendix A contains information from the needs assessment that were delivered to clients of CMOH, and Appendix B displays the needs assessment performed on staff and volunteers. This assessment distinguished the needs that these individuals have related to occupation-based programming needs at this center. This information has been gathered, processed, and evaluated to identify emerging themes and guided the creation of the worksheets, frequently asked questions, and additional informational flyers created for CMOH.

**Needs Assessment Results**

Community Mission of Hope (CMOH) volunteers, staff members, and clients were interviewed in order to identify themes in the various needs and occupational barriers for these clients at CMOH. This needs assessment was conducted in December, 2019 and involved six volunteers, four staff members, and five clients who were interviewed for this project. CMOH offers various resources and services for individuals who are homeless or at-risk of homelessness in Riverside County, California. Clients at CMOH are all provided with what they need based on their objective financial information (bills, income, housing situation, and family size), which can include free case management, mentorship, food assistance, and connections to low-income housing support/organizations. Through interviewing staff, volunteers, and clients at CMOH, the following client barriers were identified as self-care, role transitions, community integration,
vocational skills, household management, child-care, transportation, leisure, and financial management.

**Self-Care**

It is difficult to perform aspects of self-care (such as showering, dressing, shaving) without the proper resources. For an example, if someone’s water is shut off, then they will be unable to perform this self-care to participate in work or other important daily roles. In response to asking about self-care, one client stated the following:

> It is difficult for me to feel safe and supported in my daily activities, because I live in low-income housing and have a difficult home situation. I am by myself, but my landlord is part of a drug exchange issue and legal problems are prevalent in my apartment. This stress makes it difficult for getting any daily activities done on top of my long work schedule.

Therefore, stress and difficulty managing time for self-care was difficult for this client, and appeared to be difficult for other clients assessed as well. Self-care was both a barrier to client’s confidence, as well as was a result of their decreased confidence, as mirrored in a participant’s statement below:

> I am gaining confidence in a new job I just attained at (location not mentioned to protect client privacy). However, I feel unsuccessful in how I appear to people- often, I lack confidence because I have old clothes or live in low-income housing. I am gaining more confidence slowly with my job, but is hard for me to feel confident in other areas of my life.

**Role Transitions**

Emerging into new roles, such as parenthood, caregiving for elderly parents, losing or
acquiring a new job, and managing different social roles can all be arduous when financial difficulties are also pressing demands.

**Community Integration**

After someone has overcome homelessness or poverty, it can be strenuous to manage entering into the community to perform necessary tasks (such as financial management and planning at a grocery), managing a household, sustaining a job, and assimilating into social relationships.

**Vocational Skills**

It is difficult to obtain and sustain jobs for most individuals at CMOH. Building resumes, completing interviews, and maintaining work rigor for job requirements are all specific skills that most clients at CMOH have difficulty with, according to staff members at CMOH.

**Household Maintenance**

Many individuals experience difficulty with budgeting or keeping up with rent, sustaining a clean household, and navigating housing resources if they are without a home. One participant expressed stress with managing her household while seeking safer housing options for herself, communicating that:

My confidence is shaken with how difficult my housing and work life are, and both are stressful for me. I am worried about working more hours and have a chronic health condition from a car accident, but I am also trying to get out of low-income housing. This balance is extremely difficult for me to navigate with my chronic health condition.

**Childcare**

Some individuals are unable to maintain a healthy parenting relationship with their children. This can be secondary to working several jobs that detract from time at home, domestic
abuse, or being unable to work and provide for their children.

**Transportation**

Clients at CMOH often have difficulty with the occupation of mobility, including transportation services. Some individuals have physical disabilities that inhibit participation in transportation or daily mobility, and require the use of walkers or wheelchairs that increase the difficulty of ambulation and driving. Other individuals have lost their license, and are unable to drive. Some clients also have difficulty with maintaining finances to purchase gas, car repairs, or bus passes. CMOH provides temporary bus passes and offers financial assistance for transportation, but this is not a long-term provision.

**Leisure**

All of the clients, staff members, and volunteers who were interviewed were unable to recall occupations that clients expressed feeling confident in performing. One client stated that “there is not enough time to enjoy leisure or social activities” when asked about leisure participation. Another client stated the following: “I would enjoy hobbies if I had the time for it and could get out of my head about my home/work situation.” Therefore, stress and available time were two factors mentioned by clients regarding leisure. However, in the research study mentioned later in this paper, participants in the study valued leisure and purposefully prioritized activities that promote rest and enjoyment. Therefore, there was a discrepancy noted between the needs assessment and research completed. The executive director of Community Mission of Hope mentioned the following regarding leisure participation for these clients:

Most individuals can’t afford activities. And when you are struggling to stay in your home, you don’t have the capacity to do things like go for a run or a walk outside. You feel like you are being swallowed up and there is so much paperwork and so many
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different agencies you have to work with. Being poor is like having a full time job, I
know, I have been there. You are just trying to survive.

As stated by other case managers, due to financial restrictions that limit leisure pursuits
or decreased time secondary to working multiple jobs, many people are in “survival mode”
rather than living with some flexibility for leisure occupations. Many volunteers expressed that
without basic needs being met, leisure occupations are not prioritized or even recognized as
desirable by clients. In the research study that will be discussed further in this paper, leisure was
a valued occupation for two clients of CMOH interviewed, which evidences there is a
discrepancy amongst different clients regarding leisure participation.

Financial Management

CMOH staff members reported being in need of volunteers and qualified professionals
who are able to provide therapeutic services and assist with this money management skills.

Needs Assessment Summary

In this needs assessment discussed above, staff at CMOH repeatedly expressed hope for
establishing more diverse programs and therapeutic services for their clients. There are no mental
health professionals or social workers on staff, which limits the ability to provide appointments
for these supportive services. Case managers are able to provide referrals for mental health
professionals, although many case managers reported that many women do not utilize these
services after a referral is made (due to lack of insurance coverage, transportation, time, etc.).
Therefore, having occupational therapy professionals to be on staff would be beneficial for many
CMOH participants. CMOH Executive Director, Maegan Bourlett, is interested in having Level
II fieldwork students for occupational therapy on site with a part-time supervisor OT if enough
clients are interested in this service.
Due to the heavy caseload for case managers and multiple other volunteer duties associated with the food bank and/or housing assistance, CMOH is currently unable to provide regular activities and support groups. A detailed observation chart regarding these site needs are outlined in Appendix C and D, although details in these charts are omitted for site confidentiality. Different individuals have attempted to offer regular meetings for leisure and social support, yet none of these volunteers have had the time or resources to continue these services long-term. Occupational therapy services would be able to effectually meet this expressed need at CMOH. Clients have also expressed to case managers they would enjoy being able to meet in-person with other clients to engage in activities or education on wellness, although they have not had regular opportunity for these activities. Virtual options for providing supportive services and community groups were explored in this study to offer more comprehensive care for this population during stay-at-home orders secondary to COVID-19. Additionally, worksheets were emailed to clients to address the various needs identified in this assessment, such as sleep hygiene worksheets (see Appendix E for handouts). In the needs assessment conducted, participants were shown to have a need for social and leisure participation, yet CMOH is currently unable to attend to these needs because of busy and difficult it can be to meet the basic needs of clients, such as needs for food, shelter, and job resources. It would be beneficial to have occupational therapy students and/or practitioners at this site to be able to facilitate increased participation in leisure and social activities. therapy services to be implemented at this site in order to best meet these population needs.

**Phase II: Qualitative Research Study**

Two interviews were conducted with women at-risk of homelessness for the research portion of this OTD project. Participants in these interviews were provided with a consent form,
interviewed for an hour over the phone, and had audio recordings of this interview saved securely on the interviewer’s private, locked computer. These interviews were coded using a combination of DeDoose and manual coding, and several themes were identified from analyzing these codes. The following themes were identified from coding participant interviews:

**Table 2**

*Research Themes*

<table>
<thead>
<tr>
<th>Theme</th>
<th>Explanation</th>
<th>Quote</th>
</tr>
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<tbody>
<tr>
<td><strong>Concern about safety and meaningfulness with employment</strong></td>
<td>Safety precautions with coronavirus and protection against work hostility</td>
<td>“I’m terrified of going back to work.” “I hopefully will find a good job soon, something that's a good job, not something horrible.”</td>
</tr>
<tr>
<td></td>
<td>Finding purpose and enjoyment in vocation</td>
<td></td>
</tr>
<tr>
<td><strong>Financial restrictions impacting leisure</strong></td>
<td>Experiencing decreased leisure participation and social activities secondary to financial concerns</td>
<td>“Whether I need to budget $10 for gas, $15 for brunch, so I’ve limited the amount of times I’ve played tennis on top of the other activities I used to do. “</td>
</tr>
<tr>
<td><strong>Disparity between desire/need for social roles and limited occupational roles</strong></td>
<td>Participants desired connections with others, but experienced decreased family closeness and sparse friendships</td>
<td>“Both my brother and sister died, my father died, my mother’s alive, but I don’t really have no support system right now.”</td>
</tr>
<tr>
<td><strong>Decreased motivation for self-care</strong></td>
<td>Having purpose in getting ready for the day appears to be integral for time management and motivation for self-care. Self-care appears to decrease secondary to when opportunities for employment decreases</td>
<td>“What I find is that when I work, I look better, and I map everything else out because I only have so much time to do things, and it takes me a lot longer.”</td>
</tr>
</tbody>
</table>
These themes demonstrate that these two participants have experienced difficulties and worries with finances, and have therefore experienced decreased leisure participation secondary to these financial restrictions. COVID-19 has also presented as a restriction to leisure and social participation, due to safety concerns participants had with being in-person for any activities. Additionally, participants found that exercising and spending time outdoors (i.e., spending time riding bikes, going for walks, etc.), improved these participants’ overall well-being and resilience. Both participants experienced difficulty with safety concerns related to COVID-19 and feeling like they can engage in something meaningful in their line of work in the future. These participants experienced layoffs and financial difficulties prior to the pandemic, but this pandemic has heightened both safety and financial concerns for these participants. Therefore, this study providing insight into the lived experience of two women who were at-risk of homelessness.

**Research Findings**

The interviews that were conducted with two participants provided insight into the diverse occupational needs and barriers for women at-risk of homelessness. The presented research question was “What are the needs and barriers of women at-risk of homelessness?” The following themes were identified after coding participant interviews:

- **Concern about safety and meaningfulness with employment**
- **Financial restrictions impacting leisure**
- **Disparity between desire/need for social roles and limited occupational roles**
- **Decreased motivation for self-care**

Participant A is California native who loves enjoying activities in large crowds, such as concerns, or participating in any outdoor leisure activity, from kayaking to walking along the
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beach. She has one daughter who visits her regularly, but has no other close familial relationships. She was a technical specialist for a manufacturing company for 15 years and felt extremely satisfied and happy with her job, until she was let go from this job and worked for another company that became a hostile work environment. She hopes to find more meaningful employment in the future, but still has worries over safety with different activities due to COVID-19. She has several concerns, such as worry about safety with COVID-19 and ageism in the hiring process (communicated through the comment “I’m almost 60 years old, so a lot of people don’t want to hire someone that is older”), but hopes to find a job in a healthy work environment in the future.

Participant B was a woman who moved to California from New York after years of being a caregiver at an adult daycare program. She believes that she has a gift for helping people, and finds deep meaning in caregiving. She has a physical disability from spinal stenosis, and has extreme pain that limits her ability to do housekeeping or help other people. She worked as a manager at McDonalds prior to being unemployed due to COVID-19 shut downs, but is afraid of returning to work and being exposed to this virus. Her repeated statement in this interview is that she loves helping others, and wishes her disability did not limit her ability to help others.

These interviews will be further explored in order to identify why these themes were repeated and what personal narratives arose from these stories. Through both of these interviews, several different barriers and needs were identified. Participants experience needs for role fulfillment with relationships, meaningful and healthy work opportunities, and to time manage and gather motivation for self-care. Barriers include health difficulties, limited job availability, decreased time management for self-care, and decreased social support.
**Theme 1: Concern About Safety and Meaningfulness with Employment**

Participant A and B both felt confident in the skills they had in previous employment opportunities, but both highlighted the circumstantial factors that precluded their financial difficulties. Participant A was a woman who felt confident in her job skills and previous employment, but has recently experienced more financial difficulties secondary to decreased employment opportunities based off of her age and having a more recent unsatisfying previous job that she quit from. She stated that she “hopefully will find a good job soon, something that's a good job, not something horrible” after experiencing a hostile work environment in her most recent employment. She has felt concerned with safety about coronavirus with both working and socializing with others, so she believes that these are both barriers she experiences. COVID-19 restrictions were brought up frequently as a barrier in this interview, but this is not included as a theme because this is a temporal factor that impacted these individuals, but is not an ongoing barrier evidenced. Another barrier has been unsatisfying and unsupportive employment. She worked as a technical specialist for a manufacturing company for 15 years and felt confident in her position, but then layoffs were occurring and she knew she would experience job instability. She saved up enough money to support herself with rent for a few months before finding another job, but her new employment was extremely stressful for her as they minimized her work efforts, made racist remarks, and demonstrated hostility towards many employees. During this time, her work stress was a factor that impacted the quality of her sleep. She quit this job and has not found work since the pandemic began. She is over 60, and believes that ageism impacts her employment opportunities. She expressed wanting to be more particular with finding a new job, so she can make sure that this is a healthy work environment for her.
When Participant B moved to California, she worked as a manager of a McDonalds, but has been laid off since March due to the pandemic. She has felt hesitant returning to work due to safety concerns with coronavirus, but she also feels nervous about becoming homeless. She was previously homeless when she moved to California before becoming a manager at McDonalds, and was able to find emergency housing through CMOH. She is able to maintain rent now, but is living off of her savings, and feels anxious about returning to work while the pandemic is still occurring. Fear of COVID-19 and concern for her finances due to the current economy were repeated statements and barriers for this participant as well, even though the pandemic was not a primary focus for this study. She stated “I’m terrified of going back to work” when discussing her concerns about COVID-19 and returning to work at McDonalds. She also has spinal stenosis, and has physical barriers that limit her ability to work in jobs where she does any lifting. Her back condition has led to the greatest occupational barrier, for she is not able to complete any heavy lifting or exhibit activity endurance with housework, vocational work, or in strenuous exercise. She feels confident in her ability to do jobs well, and reported that she enjoys helping people and is good at customer service.

These research findings have been important for validating the lived experience of financial fragility during the COVID-19 pandemic. These women both were hard workers and wanted employment, but experienced layoffs and anxiety due to safety in the workplace with this virus. The findings uncovered from this research study mirror the difficulties that are presently impacting other individuals who are homeless or at-risk of homelessness. As evidenced by one of the participants in this study, people who are low-income are even more at-risk of homelessness due to being unable to safely work remotely from home like other higher income individuals (Dey, & Loewenstein, 2020).
Theme 2: Financial Restrictions Impacting Leisure

The women who were interviewed in this study experienced confidence and meaningfulness in leisure activities, exercising, and in vocational skills. These participants demonstrated heightened self-awareness, and knew that certain occupations, such as enjoying the outdoors or exercising, would decrease their stress and increase their resilience. However, financial restrictions impacted their ability to participate in certain valuable leisure activities and forced them to create adaptive strategies for engaging in leisure.

Participant A has experienced limitations in what social activities she can do with friends due to financial constrictions. She used to enjoy concerts or brunch with friends, but she is unable to participate in these activities secondary to financial difficulties. She previously enjoyed getting to play tennis with her friends, but she is unable to afford spending gas to drive over to her friend’s tennis court in a different county. She communicated that strict budgeting impacted her ability to engage in meaningful social/leisure activities, for she stated that “Whether I need to budget $10 for gas, $15 for brunch, so I’ve limited the amount of times I’ve played tennis on top of the other activities I used to do.” Therefore, her social life and leisure endeavors have looked drastically different with the loss of income she experiences.

Participant B also exhibited restrictions in leisure and social participation due to financial concerns, and stated that “I know how to make flowers out of paper, so I like to do that as well. If I make stuff, I’ll hold onto it or give it as gifts for people. I don’t have money to give to nobody, so I give these as gifts.” Therefore, she created adaptive ways to involve herself in displaying generosity for others, but she was impacted by financial difficulties in this generosity.

These women both found meaningfulness and fulfillment in participating in leisure activities and exercise. They experienced barriers is social roles and with financial freedom to
complete other activities, such as playing sports with friends or providing gifts, but they also experienced increased motivation to continue with their own goals with exercise and outdoor recreation.

**Theme 3: Disparity between Desire/Need for Social Roles and Limited Occupational Roles**

Both participants of this study exhibited a desire to connect with others and to maintain more social roles, yet they were deprived of opportunities to fulfill these roles. These women had limited contact with family members, and received no support from most individuals in their family. These family relationships were estranged for seemingly long period of time, yet their social decline with friendships was a temporal factor secondary to COVID-19. Therefore, both women exhibited decreased social engagement despite their desire for meaningful relationships.

Participant A enjoyed getting to participate in a diversity of outdoor activities, such as bike riding, kayaking, and tennis. She also has her own art studio in her apartment and enjoys getting to do art projects for leisure. Whenever questions were provided in regards to leisure, such as answering the following question “And going along with those activities you discussed earlier, what activities do you feel like you are successful at, or things you’re good at?” with discussing cooking and making jam, although this question was a follow-up question to work activities she completed. Participant A commonly threaded the interview back to discussing what she felt confident and comfortable in, which appeared to be leisure. This participant enjoys cooking as a pastime as well and will often give either food she makes or art to her friends as gifts. At another point in the interview, Participant A finished a statement saying that she was previously looking for any job when the interviewer asked, “And along those lines: What makes it difficult to engage in these activities?” Rather than continuing her thought about job searching, she stated “What makes it difficult to engage in these activities? Concerts, I usually go to a lot of
concerts. Any large events are meaningful to me, because those are also social activities.” This statement indicates that socializing with others, spending time at fun events, and engaging in leisure activities are integrally important to her well-being. She has several friends and one close daughter, but she feels disconnected and unsupported by other family members. One of her role barriers is experiencing a lack of familial closeness, besides one college-aged daughter, and has had more financial independence and difficulty due to this barrier.

Throughout the interview, Participant B indicated finding purpose in helping others was a repeated discussion, and statements like “I got a gift for helping people” were frequently made. In this interview, she reported “I don’t really have any type of hobbies or anything like that, but I like helping people.” Her deepest source of meaning was grounded in getting to spend time with others, yet she felt separated from other due to coronavirus concerns and extreme back pain. She also felt a lack of familial connection, stating that “both my brother and sister died, my father died, my mother’s alive, but I don’t really have no support system right now.” Therefore, both of these participants experienced decreased support from family and disconnection from friendships, making social activities and stress management with financial difficulties more strenuous.

Theme 4: Decreased Motivation for Self-Care

The participants in this study both exhibited decreased participation in self-care due to a decline in motivation to complete these tasks. Participant A experienced a decrease in motivation due to having no perceived need for carving out time and completing the process of getting ready in the morning without a job, whereas Participant B experienced decreased self-care due to a lack of motivation with recurring back pain. Therefore, both of these women experienced difficulties with different activities due to decreased motivation with increased pain or unemployment.
Participant A also experienced difficulty with attaining motivation and time management for performing self-care, between self-isolating with the pandemic and not having employment. Engaging in regular work rhythms create support for her participation in doing other occupations, like self-care and home organization. She feels satisfaction and accomplished when she does take a shower, put on makeup, and fix her hair up, and wants to time manage to allow for more time to allow for these self-care activities. She stated that “what I find is that when I work, I look better, and I map everything else out because I only have so much time to do things, and it takes me a lot longer.” Therefore, having meaningful activities to get ready for appeared to be a factor for prioritizing time-management to allow for self-care.

Participant B did not express any social roles that she felt confident or successful in and has no family members she is close to who can offer financial or emotional support. However, she enjoys giving to others through helping, and reported finding purpose in attending her church online via zoom. She enjoys making paper flowers, journaling to manage stress, and sewing. She enjoys going outdoors, and takes walks around her backyard and uses her treadmill frequently. Exercise is the activity she feels most confident about doing, and is how she manages stress and finds meaning in her daily life. She has difficulty with self-care activities and household management due to her back pain, but she takes care of herself through performing these treadmill exercises.

In the needs assessment that was previously conducted, participants experienced difficulty carving out time to consider leisure exploration. However, in the research study conducted, these two women valued leisure and participated in enjoyable activities. This discrepancy could be secondary to the pandemic with layoffs and more time at home, for these two participants were laid off, but other participants in the needs assessment were employed or
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seeking employment. Several clients interviewed in the needs assessment were also caregivers, and the women in this study were not caregivers, indicating that the women in the study may have had more time for leisure participation. Regardless of the possible causation for leisure exploration, this is a valuable and meaningful endeavor for this population, and would be a valuable intervention target for future clinicians to explore with this population. Self-care appeared to be a barrier for both clients interviewed in the needs assessment and for participants in the study, and both found that work rhythms alternating the amount of self-care participation they engaged in. In the needs assessment, one participant noted that self-care was difficult due to working long hours and not having enough time, whereas in the research study one participant noted that not having a work schedule lead to less time planned for providing scheduled self-care participation. Women in the needs assessment were concerned more with allocating jobs than finding meaningfulness and safety with employment environments than women in the study, which could be secondary to decreased time with the women in person at CMOH for the needs assessment compared to the time provided for women in privacy over the phone for an hour during the study. Therefore, the women in the study may have felt freer to express their emotions regarding workplace safety and fulfillment. Both women in the study and clients interviewed for the needs assessment experienced stress with familial relationships and desiring more close social connections, indicating that this may be a widespread need for clients of CMOH. Therefore, different social groups and different activities in the future may benefit clients at this center through occupational therapy interventions.
Chapter 5: Discussion

The purpose of this qualitative research project was to identify the occupational needs and barriers of women at risk of homelessness. This chapter includes the discussion of the results of the needs assessment and the resulting program proposal, and the research findings. The research findings included the emergent themes of concern about safety and meaningfulness with employment, financial restrictions impacting leisure, disparity between desire/need for social roles and limited occupational roles, and decreased motivation for self-care.

Needs Assessment

The programming and client needs established in the needs assessment were assessed barriers and needs that were initially evaluated in December 2019 pre-pandemic. These needs were exacerbated by the closure of CMOH’s office due to state and local restrictions as a result of the COVID-19 pandemic. In 2020, all of the clients with the ability to access the internet were receiving case management services from CMOH virtually. The Executive Director of CMOH, Maegan Bourlett, has stated there are increased barriers with managing virtual platforms to connect clients with necessary services, such as allocating housing resources. Therefore, in addition to the original needs presented within this assessment, the COVID-19 pandemic has revealed several additional needs. This information could benefit future program initiation for occupational therapy at this site.

The following needs were presented in this assessment: self-care, role transitions, community integration, vocational skills, household management, childcare, transportation, leisure, and financial management. Participants experienced decreased access to materials necessary for performing self-care, had increased stress with entering into new roles and integrating into the community after experiencing either poverty or homelessness, had limited
access to vocational training for building necessary job skills, experienced difficulty balancing work roles with childcare, had decreased time for household management with work and family obligations, financial management difficulties secondary to stress, barriers with time management that limited leisure participation, and decreased access to transportation that impacted certain occupations, like working. Therefore, these themes present within the needs assessment set the foundation for what future occupational therapy interventions can be used for clients at this facility. Future fieldwork students at this site can explore time management in order to facilitate opportunities for engaging in meaningful occupations, such as leisure or household management. Additionally, assisting clients with transitions to different roles and managing community reintegration stress could be beneficial, for seeking to establish group therapy interventions and opportunities for collaboration amongst clients can facilitate this community cohesion and relational satisfaction.

Program Proposal

Throughout the interviews and needs assessments conducted, comprehensive occupational needs were identified for clients at CMOH. As evidenced in the needs assessment discussed above, self-care, role transitions, community integration, vocational skill, household maintenance, childcare, transportation, leisure, and household maintenance. Themes gathered in the research study include experiencing difficulty with self-care, role transitions, and vocational participation. The literature review provided in this paper displayed how occupational therapists could serve to meet the needs of individuals who experienced barriers participating in or accomplishing any of these occupations and skills. Previous literature has demonstrated that self-care can be difficult to perform when individuals experience financial hardship (Herzber & Finlayson, 2001), which was reflected in this present research. Family relationship difficulties
could be strenuous barriers for social connectedness (Nemiroff et al., 2011), and were barriers participants experienced in this study. Transitioning to household management and entering into domestic duties could be difficult for this population (Levin & Helfrich, 2004). These were factors reflected in previous literature as well as in this present needs assessment. Community integration and overcoming societal stigmas appeared to be difficult for both women at-risk of homelessness in the literature reviewed and in this present project (Groton et al., 2017).

Therefore, it appeared that the various needs presented in this assessment have been mirrored by previous research findings.

The needs assessment identified the necessity of therapies at this facility that would be occupationally-focused to include the leisure, social, vocational, and other diverse needs of CMOH clients. This facility was interested in offering positions for two Level II Fieldwork students from the University of St. Augustine to provide services for these clients. Several fieldwork models have added support for what future fieldwork provision could look like at this center, and emerging practice sites can offer a valuable learning experience for fieldwork students.

In one example of a successful fieldwork program at a center that provided effective holistic care for individuals who were homeless, Level I fieldwork students were placed at a day service for homeless individuals at The Wayside Day Centre in Glasgow (Totten & Pratt, 2001). This fieldwork placement provided students the opportunity to gather more understanding of social care needs and issues. Students set up leisure activities at the center, offer time management resources, community support, and various resources on lifestyle wellness for this organization through their fieldwork participation (Totten & Pratt, 2001). Similarly, CMOH clients could benefit from student provided community integration and self-care strategies.
The program proposal that will be provided CMOH with is to offer two level II fieldwork student placements at their facility, with a supervising occupational therapist who can come in for eight hours a week. In another homeless shelter fieldwork setting for level II students, student supervision was provided by an off-site fieldwork educator who also completed eight hours of direct supervision every week (Tyminski, 2018). Students were evaluated at this emerging practice area by their supervisor utilizing the Fieldwork Experience Assessment Tool, or FEAT (Tyminski, 2018). As a result of participating in this fieldwork site, students stated that they experienced decreased social stigmas, developed and refined clinical skills, and increased problem solving skills for occupational therapy (Tyminski, 2018). Creating new fieldwork sites can offer sustainable services for underserved populations that would benefit from OT services (Hotchkiss & Fisher, 2004). This model can serve as an example for how fieldwork level II students can participate in occupational therapy services for this particular resource center in the future.

**Program Proposal for Occupation-Based Client Needs**

*A Fieldwork Model*

Developing and initiating a fieldwork opportunity for the University of St. Augustine has been the primary focus of program development for CMOH in order to meet the leisure, social, and community reintegration needs of clients. Fieldwork students from the university can understand population/client needs identified in the research study and needs assessment previously discussed, and future treatment plans can address these identified barriers and needs. A manual for future fieldwork students was created for this site (attached as Appendix I).

*Occupational Programming*
In addition to the fieldwork opportunities that have been identified for future programming, several handouts were developed to facilitate health promotion and were sent to clients at CMOH. These informational and interactive handouts addressed sleep hygiene (Appendix E), stress management (Appendix F), and leisure exploration (Appendix G). In order to determine who was interested in receiving these flyers, a survey was sent out to all participants at CMOH requesting information about their interest in receiving flyers with diverse information about activity ideas and how to promote mental health and balance during stay-at-home orders (see Appendices A and B for survey questions). Clients who responded with interest in these flyers were added to an email list and were sent these flyers on the second Monday of each month. The flyers included factual information about the topics presented in order to promote wellness, and interactive worksheets were also included as a method of promoting engagement and reflection for clients. Clients could learn about a specific topic with tools to facilitate occupational wellness, such as examples listed of techniques to promote better sleep, then the could refer to the next page in this email that contained a worksheet for practicing time management, leisure exploration, and self-reflection in order to facilitate better occupational balance in their everyday life.

These flyers were a way to encourage virtual interaction with clients and to facilitate holistic wellness while the office is currently closed for CMOH. Clients responded positively to the flyers, for an example, one participant stated “These are excellent worksheets for our elderly loved ones. My dad will be 91yr old this October and these will benefit him nicely.” Another participant responded: “This was some helpful information. Thank you so much!” It would be beneficial in future programming to continue expanding on these worksheets in person with clients to address different barriers or difficulties individuals may have.
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Another aspect of meeting the occupational needs of clients at this site has been to create an Occupational Therapy Fieldwork Student Manual (Appendix I). This manual provides guideline for outlining weekly objectives, expectations, and fieldwork responsibilities for occupational therapy students. Students can read through basic site information, such as the history of CMOH and its mission statement. Students can also find helpful links to support their fieldwork understanding, models and literature, guidelines for documentation, information on billing, site safety recommendations, a patient confidentiality agreement, and a dress code.

This fieldwork manual could also be adapted for students who are in similar sites through the University of St Augustine, such as at Interfaith Community Services (a similar program that is less impacted by COVID-19 site restrictions and allows in person case management). This manual will be used for occupational therapy students in the future at CMOH when this site is fully operating and able to support full-time occupational therapy services.

Funding Sources

Grants were originally going to be explored in order to allow for increased funding to be offered for occupational therapy programming continuation at the site. The goal was to initiate occupation-based activities and programming, the to facilitate that continuation through obtaining grants for any necessary materials, therapists, or other programming needs for this site related to occupational needs of clients. Grants were unable to be allocated, due to financial constrictions related to the pandemic and decreased sources for occupation-based funding. A list of different grant sources that were researched and contacted are listed in Appendix H. Although grant funding was not gathered for this site, fieldwork student placement at this site is proposed to initiate and sustain zero cost programming through collaboration with occupational therapy universities. The grants that were located can be identified as future sources of funding that can
be used if occupational therapy resources are unavailable. For an example, Safe Harbor Counseling, offers psychotherapy and receives funding from Rancho Community Church, which is a church also associated with CMOH. Therefore, accessing these grants in the future if a funding need for therapies presents itself, then this will prove to be valuable for future clients at CMOH.

**Summary of Findings**

These two participants experienced occupational barriers throughout their daily life, yet they were both able to resiliently strive towards engaging in meaningful occupations despite these barriers. Although COVID-19 was not a focus for this present study, yet this pandemic impacted these women’s daily occupations and was repeatedly discussed by throughout this interview. Work meaningfulness and safety were two concerns presented regarding vocational occupations, and more recently due to the pandemic, experiencing stress with these factors were consistently mentioned by these participants.

Participant A stated that “my stress now is finding a new job, and even if I don’t make a lot of money, I want to find a job I can do well and would be hired for,” indicating that fulfilling work is one of her greatest needs. She also expressed confidence in her work skills and leisure pursuits, and made a statement that “with my painting, I feel successful with that. I’m not really an artist, but it’s something that I enjoy, and I share my paintings with friends as well. So I guess the things that I enjoy the most are sharing with others.” This participant therefore experienced gratification in her outdoor exercises and art hobbies.

Participant B also expressed stress with finding new work and made a statement that “with COVID-19, I feel more at risk of homelessness.” Her disparity over work opportunities and safety with the ongoing pandemic indicate that this is a present barrier, and that finding safe
work is an occupational need she has. She expressed that she is “terrified of going back to work,” and is nervous about either being exposed to coronavirus or becoming homeless. She noted that “the only thing keeping me afloat is that I have savings,” and that without this financial management, she would currently be homeless. She therefore exhibited having good financial management skills, but there are so many external factors impacting this financial stability for her (such as family support, losing their job secondary to the pandemic, etc.). However, she is keenly aware of her strengths in social roles within the workplace, and stated that “I like helping people. And I can’t get out there and help people, because I’m so scared. I’m good at customer service, good at calming people and caring for people.”

Therefore, both of these participants in this present study have demonstrated resilience and determination despite feeling fearful and unstable with employment opportunities. The unique present barriers to occupational participation, including heightened anxiety and stress, secondary to this pandemic is reflected in these interviews as well as in other recent literature (Brown, 2020). Additionally, experiencing difficulties with role transitions to sheltering at home and experiencing work layoffs added additional layers of stress, indicating that studies noting the social isolation and loneliness that arises during these transitions were reflected in both of these participant’s experiences (Levin & Helfrich, 2004). As also evidenced in the research mentioned above, stress and time management difficulties can inhibit the ability to perform self-care and household duties (Gutman & Raphael-Greenfield, 2017). The lack of supportive family and housing opportunities can preface homelessness (Nemiroff et al, 2011), and this was a lived experience for these participants who had barriers with receiving familial support and engaging in different family roles. One of the primary barriers that existed for these women were the lack of external supports and familial role participation, leading to being isolated with strenuous
financial circumstances. These interviews accurately reflected previous research conducted that
women who are homeless or at-risk of homelessness can experience difficulty transitioning into
meaningful jobs and social relationships within their community (Groton et al., 2017).

In response to the fears about safety and meaningfulness regarding work, these
participants exhibit hesitancy with returning to the work force. Their right to engage safely in
their vocations without experiencing hostility in their workplace environments are occupational
rights that they maintain (Durocher et al., 2014). The Occupational Justice Framework exhibits
that these women have the right to be able to participate in necessary and meaningful
occupations (Durocher et al., 2014), which indicates that occupational therapists can assist with
enabling this population to overcome barriers related to self-advocacy for attaining employment
in a healthy workplace environment. The KAWA model displays how occupational barriers can
impact the satisfaction someone finds in occupations meaningful to them (Richardson et al.,
2010), and this model resonated with how certain barriers, such as back pain or financial
restrictions, inhibited significant activities such as social participation and household
management. Different stressors, such as experiencing difficulty with finances that impact social
participation, work, and maintaining housing, can impact the overall life quality for this
population, as mirrored in these interviews (Huey et al., 2014).

In this interview, participants also expressed finding joy in helping others, which
demonstrated altruism as a finding these participants conveyed. Participant B repeatedly stated
that she experiences a physical barrier with her injured back from helping others, and she also
experiences a fear of COVID-19. She stated “I like helping people. And I can’t get out there and
help people, because I’m so scared.” Another barrier related to being unable to help people was
exhibited by Participant A, who has not been able to see friends due to COVID-19. She stated
that “I guess the things that I enjoy the most are sharing with others,” but experienced a temporal barrier due to the pandemic. Therefore, the pandemic influenced different aspects of people’s experiences with enjoying social communities and gaining employment, but this is a temporal factor that was not the focus of this present study. However, altruism was a theme that was noted as value that both participants strongly held. Participants also expressed finding joy and fulfillment in the following occupations tied to leisure participation.

**Study Limitations**

The research study that has been conducted has demonstrated unique perspectives and commonalities between two women who are at-risk of homelessness. Due to delivering this research project remotely, and many clients being unable to afford and use remote services (such as a computer or phone), there were only two participants who expressed continued interest in this course project. In the future, research will be expanded to include other individuals who are at-risk of homelessness in order to allow for more stories and themes to emerge about this population’s occupational needs and barriers.
Chapter 6: Conclusion

This paper has explored the various theories that surround the role occupational therapists can play in supporting women who are homeless or at-risk of homelessness. The Occupational Justice Framework can be used to emphasize how meaningful, necessary daily activities are rights that all people have, and women who are financially marginalized may need advocacy and support to achieve success with these occupations (Durocher et al., 2014). The KAWA Model has highlighted that creating a life narrative that includes circumstances, personal choices, successes, and failures can be utilized to create future goals and a sustainable future (Richardson et al., 2010). The Social Stress Framework also identifies how different mental health difficulties and circumstantial stressors can impact this population (Huey et al., 2014), therefore leading to the potential benefit occupational therapy can play in assuaging mental health difficulties for this identified group.

The needs assessment conducted on clients at CMOH has demonstrated that individuals at this site experience difficulty with self-care, role transitions, community integration, vocational skills, household management, childcare, transportation, leisure, and financial management. The research study conducted has evidenced themes related to experiencing stress or barriers with worrying about safety and meaningfulness with employment, having financial restrictions impacting leisure, and having disconnected families. Additionally, participants expressed the following themes related to enjoying these leisure pursuits: Exercising, spending time outdoors, participating in crafts/arts, and having decreased time/motivation for self-care. Occupational therapists can assist with time management to be able to enjoy these occupations, self-advocacy to develop meaningful employment connections, and to facilitate social role exploration in order to feel more connected to others and their community at large. Occupational
therapy services have the opportunity to increase the quality of life for this population through providing enrichment to these occupations and to promote lifestyle balance and wellness. Therefore, both the needs assessment and research conducted have evidenced that occupational therapists can benefit this population through providing interventions focused on promoting healthy social role participation, leisure participation, and self-care as evidenced in the research study conducted. This research has provided a foundation for developing a program proposal for CMOH for Level II occupational therapy student participation at this site. Additional program development, such as creating flyers and worksheets for clients at CMOH, were emailed through case management and the front office. Future fieldwork students can re-administer needs assessments to determine current and future site needs related to occupational participation, and addressing previous needs discussed would be beneficial for clients at this facility. Group sessions and individual intervention plans would be helpful in order to establish the specific needs that clients have related to meaningful occupations.

In addition to the several theories that were explored, several different themes were also underscored. The following themes are beneficial for establishing the foundation for future clinical care that can be offered at this facility from occupational therapy student services from the University of St. Augustine. Community reintegration is one population need that occupational therapists can assist with, for enabling treatment to focus on the healthy integration into society can allow for the long-term success of maintaining financial and social stability for women who have experienced homelessness or poverty (Groton et al., 2017). Early identification and therapeutic treatment for mental health, domestic abuse, and addiction can help prevent homelessness and facilitate independence in daily activities (Chambers et al., 2017). Supporting role transitions for women as they enter into different relationships, housing, and community
opportunities is another need that occupational therapists can assist with in order to prevent homelessness and encourage holistic mental health wellness (Levin & Helfrich, 2004). Although occupational therapists have continued to work more with homeless individuals (Gammon, 2019), there is a need for occupational therapists to support women at-risk of homelessness as a facet of preventative care within our healthcare system. In this present project, the needs assessment performed demonstrates that occupational therapy services are needed and would be beneficial for supporting this population.

Future expansion of this research study will be continued in order to investigate more women’s perceptions of their occupational needs and barriers through qualitative analysis. In order to ensure the continuation of this present doctorate project, several schools and other resource centers were going to be contacted in order to expand initial programming. Due to COVID-19, many resource centers were closed, offering virtual resources/case management, or are operating at half capacity to allow for social distancing. Other resource centers operated under similar restrictions, making project partnerships and expansions difficult. An initial contact was made with Interfaith Community Services in Escondido, CA, which was a center that expressed interest in participating in occupational therapy programming and research collaboration. However, due to time constrictions of staff and difficulty meeting the diverse needs of clients during the pandemic, this continued collaboration was unsuccessful. However, this is a site that may be interested in partnering with this doctorate project through the University of St. Augustine in the future.

The University of St. Augustine has the opportunity to expand emerging clinical sites and has expressed an intent to partner with CMOH as a fieldwork site in the future. Therefore, rather than seeking future program collaborations with other schools, this university will be able to
establish a fieldwork site with a supervising faculty therapist for CMOH once restrictions have lifted enough to sufficiently offer two full-time student positions at this center. This paper has provided evidence and support for future program development at this site and for other occupational therapists in emerging practice areas for women who are at-risk of or experiencing homelessness.
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Appendix A

CMOH Volunteer/Staff Needs Assessment Questions

1. When someone first comes to CMOH for resources, how are they supported/provided what they need?

2. What are some daily activities that are difficult for CMOH participants to engage in (i.e. childcare, vocational skills, household management). What do you see as barriers to these activities?

3. What are some daily activities that CMOH participants are often confident in performing (i.e. childcare, vocational skills, household management).

4. How do you think these individuals could be better supported with increased funding or staff members (i.e. more therapists on staff, mentorship, housing opportunities, etc.)?

5. How do you think CMOH volunteers and staff members can be more supported to meet these diverse needs of individuals seeking resources?

6. What difficulties do CMOH participants discuss related to social or leisure activities?
Appendix B

CMOH Client Needs Assessment Questions

1. How does CMOH support you (with resources, referrals, etc.)?

2. What are some daily activities that are difficult for you to participate in (i.e. childcare, vocational skills, household management)? What makes these activities difficult to engage in?

3. What are some daily activities that you feel competent and confident in (i.e. childcare, vocational skills, household management)? What makes you feel successful in these daily activities?

4. What leisure or social activities do you enjoy participating in?

5. Are there leisure and/or social activities that you want to participate in, but are unable to? If “yes:” Why are these activities difficult to participate in?

6. What other types of support would you benefit from (i.e. more therapists on staff, mentorship, housing opportunities, etc.)?
### Appendix C: Program Observation Chart

<table>
<thead>
<tr>
<th>Dates</th>
<th>PHYSICAL ENVIRONMENT (e.g. time and place)</th>
<th>PROGRAM ACTIVITY</th>
<th>DISCUSSED ENVIRONMENTAL CHARACTERISTICS</th>
<th>OBSERVED/DISCUSSED OCCUPATIONS</th>
<th>OBSERVED OCCUPATIONAL SUCCESSES/BARRIERS OF VOLUNTEERS, STAFF, AND PARTICIPANTS</th>
<th>OBSERVED MOTIVATIONAL BARRIERS FOR PARTICIPANTS, VOLUNTEERS, AND/OR STAFF MEMBERS</th>
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### Appendix D: CMOH Current Programming Chart

<table>
<thead>
<tr>
<th>Program</th>
<th>Leadership</th>
<th>Program Description</th>
<th>Program Needs and Barriers</th>
</tr>
</thead>
</table>
| Box and Sort Warehouse   |            | - Warehouse sorts food for recipients: meets every Wed (9-11am) and 2nd Thurs of each month (9am-12pm)  
- Distribution team: Mon-Fri  
- Aid determined by case management and size of household | - Volunteers are sporadic (more help available during school breaks during summer and winter, much help is unavailable during fall or spring)  
- Food donations are inconsistent, and most food is donated during holidays, but not throughout the year  
- More volunteers needed |
| Mentorship               |            | - Supports individuals in their plan towards self-sufficiency  
- Individuals who are interested in mentoring are trained at a local church, and meet in person or over the phone to provide mentorship weekly with client | - Volunteers are often working adults who have minimal time available to provide mentorship  
- Volunteers are trained, but are often do not have extensive background in this population and are not case managers (limited in expertise)  
- Need more mentors (ideally, every client would have a mentor)  
- More volunteers needed |
| Mental Health Referrals  |            | - Determined by case management, outsourcing for various therapists                  | - Mental health services are not available at CMOH, so getting rides, funding, and scheduling appointments without a phone is difficult to make appointments feasible for clients  
- More volunteers needed |
<table>
<thead>
<tr>
<th>Program</th>
<th>Leadership</th>
<th>Program Description</th>
<th>Program Needs and Barriers</th>
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</thead>
<tbody>
<tr>
<td>Case Management</td>
<td></td>
<td>-Case managers gather all forms from the front desk (ID, SSI, bills, etc.), and determine what need clients have. Case managers can provide food cards to qualify for services (usually 3-6 months) or temporary housing. Referrals are also made for mental health/healthcare services at reduced cost. Finally, case management has a list of local job openings and can resume coach to ensure clients are ready for jobs.</td>
<td>-No opportunity for paid positions, so it is difficult to have sufficient volunteers for case management -Office is only open for case management from 10am-1pm, so this limits the number of clients that can be seen on a daily basis -More volunteers needed</td>
</tr>
<tr>
<td>Farm Team</td>
<td></td>
<td>-Plants and collects produce in Rainbow, CA at Outreach Farm Project. Dates (Sat, Tues, and Thurs seasonally) -This food is brought to both CMOH for free distribution and Rancho Community Church (other produce sold at local church for fundraising for CMOH)</td>
<td>-The farm team only can operate during growing season (late spring-early fall), so food is unavailable during off-season -Lands costs money to manage (funded by CMOH) -Volunteers are sporadic as well (help available on weekends for organized volunteer events, but during the week volunteers are low) -Need volunteers with larger cars/trucks to transport items from farm -More volunteers needed</td>
</tr>
<tr>
<td>Program</td>
<td>Leadership</td>
<td>Program Description</td>
<td>Program Needs and Barriers</td>
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<tr>
<td><strong>Produce Stand Team</strong></td>
<td></td>
<td>Collects donations for produce at local church (July-Oct, every Sunday 9am-1pm)</td>
<td>- Volunteers at church needed to distribute food and reliably allocate money to CMOH</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Larger cars/trucks must be available for transporting food from Rainbow, CA at Outreach</td>
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<td></td>
<td></td>
<td></td>
<td>farm to church before 8:30am Sunday services</td>
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<td></td>
<td></td>
<td></td>
<td>- More volunteers needed</td>
</tr>
<tr>
<td><strong>Food Drive Team</strong></td>
<td></td>
<td>Coordinate food drives with local schools, churches, and organizations to collect</td>
<td>- Food drive team collects food from the community, so volunteer drivers with a cleared</td>
</tr>
<tr>
<td></td>
<td></td>
<td>food donations for food bank</td>
<td>auto background check must be able to collect food donations from various organizations</td>
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<td></td>
<td>in the community</td>
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<td></td>
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<td></td>
<td>- Volunteer positions for this team, so reimbursements for gas mileage is not provided</td>
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<td></td>
<td></td>
<td></td>
<td>- More volunteers needed</td>
</tr>
<tr>
<td><strong>Front Desk/Intake Team</strong></td>
<td></td>
<td>Determines what current needs participants have (food, homeless in need of choosing</td>
<td>- Individuals do not always bring appropriate documentation, and case management cannot</td>
</tr>
<tr>
<td></td>
<td></td>
<td>resources, at-risk of homelessness in need of financial help, budget, resume,</td>
<td>see that individual without documentation</td>
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<tr>
<td></td>
<td></td>
<td>employment, addiction, healthcare, mental health, senior services, church, guidance,</td>
<td>- Computers are outdated and do not always work</td>
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<tr>
<td></td>
<td></td>
<td>prayer, and support group). Front desk then signs client up with case management if</td>
<td>- Large number of clients, and it is sometimes difficult to make appointments with</td>
</tr>
<tr>
<td></td>
<td></td>
<td>qualifying paperwork is provided (SSI, utility bills, etc.).</td>
<td>limited case managers</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>- More volunteers needed</td>
</tr>
</tbody>
</table>
Appendix E: Sleep Hygiene Flyers/Worksheet

Sample Relaxation Strategies

- Keep a positivity journal
- Keep a separate journal to process worries
- Use a calming app, such as "Head Space" or "Calm" that offer free strategies and services
- Drink caffeine-free herbal teas (such as chamomile)
- Avoid alcohol, caffeine, and processed sugars
- Listen to classical music or nature sounds
- Use a white noise machine
- Yoga
- Deep breathing exercises/meditation
- Take a warm shower or bath
- Imaging a relaxing location/guided imagery
Sample Sleep Routine

- Turn off technology: 7pm
- Journal about the day: 7:15pm
- Make caffeine-free chamomile tea: 7:30pm
- Read book in bed: 8pm
- Turn off lights in room, use white noise machine, and lower black out curtains: 9pm
# Sleep Routine Planner

Use this planner to map out what daily routines help you sleep better at night. You can download this page as a PDF, and use the writing tool option to record this journal digitally.

<table>
<thead>
<tr>
<th>Date</th>
<th>How Will I Hold Myself Accountable?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**What Difficult Things Happened Today That You Have Not Yet Processed?**

<table>
<thead>
<tr>
<th></th>
<th>List Your Sleep Routine (List Hours Prior to Bedtime)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**List Any Exercise Activities and/or Healthy Foods You Ate Today:**

<table>
<thead>
<tr>
<th></th>
<th>List Any Possible Reasons Sleep May Be Affected Negatively or Positively Tonight:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**List Any Leisure/Fun Activities You Participated In Today:**

<table>
<thead>
<tr>
<th></th>
<th>What Are Some Positive Things That Happened Today That I Want to Reflect On?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**To Complete in the Morning:**

<table>
<thead>
<tr>
<th>On a scale from 1-5, How Well Did You Sleep Last Night?</th>
<th>What Activities Do You Think Helped You Sleep Better? How Can You Continue These Activities Daily?</th>
</tr>
</thead>
</table>
Sleep Routine Ideas

- Decrease caffeine (no caffeine 4-6 hours before bed)
- Create healthy night routine
  (go to bed at the same time every night, use pillow spray/calming essential oils, drink chamomile tea, reduce technology ~2 hours before going to bed, etc.)
- Use journaling as a way to process worries before going to sleep
- Avoid alcohol, exercise, or large meals prior to sleeping
- Only use bed for sleeping (avoid work or any stressful activities while attempting to sleep)
- Use earbuds/white noise to avoid sound disturbances, use a eye mask for light sensitivity
- Limit naps to 20 minutes, carve out time to get 8 hours of sleep every night
- Read books instead of watching TV/using technology

Reference:
Appendix F: Stress Management Flyers/Worksheet

Stress Relief Activity Ideas

- Spend time in nature
- Go for walks outside
- Practice yoga
- Keep a gratitude journal
- Listen to classical/instrumental music
- Connect regularly with friends/family over the phone, or by writing letters
- Practice mindfulness and meditation
- Keep a list of activities to complete during the day with the time needed for each activity to be completed
- Eat healthy, balanced meals

DAILY RELAXATION JOURNAL

REST JOURNAL
For this week, write one or more activities you completed each day to promote rest and relaxation. At the end of the week, highlight what activities you want to continue, and create a calendar for what activities you want to complete daily/weekly to feel more rested.

What activities from this week did you find most restful? What activities do you want to continue daily/weekly?
Appendix G: Leisure Exploration Flyers/Worksheet

Hobby Exploration

Revisit old hobbies that you previously enjoyed, current hobbies you have, or any future hobbies you would enjoy participating in.

Hobby ideas:

- Making cards
- Baking
- Going for walks/runs
- Reading
- Adult coloring books
- Flying kites
- Puzzles
- Calligraphy
- Origami
- Bullet journaling
- Flower pressing
- Hiking
- Meditation
Hobby Exploration

Leisure Activities and Hobbies You Enjoy

List off 4 different days and times that you will participate in these hobbies you enjoy:

List different hobbies that make you feel rested:

List different hobbies that make you feel connected to others:

List different hobbies:
## Appendix H: Grants Chart

<table>
<thead>
<tr>
<th>Grants Identified</th>
<th>Rational for Grant</th>
<th>Reason Grant is Unavailable</th>
</tr>
</thead>
<tbody>
<tr>
<td>CDBG Funding</td>
<td>Supports general community needs and housing supports for low-income/homeless individuals and sites supporting this population</td>
<td>CMOH already receives grants from private donors that limit city funding through this grant</td>
</tr>
<tr>
<td>Emergency Solutions Grant</td>
<td>Provides assistance for attaining stability in more permanent housing for individuals who are homeless or at-risk of homelessness</td>
<td>Similar grants already privately provided for CMOH and does not provide support for CMOH funding</td>
</tr>
<tr>
<td>Project Employ</td>
<td>Supports occupational therapy programming for homeless individuals</td>
<td>Not currently offering grant, unable to contact</td>
</tr>
<tr>
<td>The Blowitz-Ridgeway Foundation</td>
<td>Has supported various services for people who are homeless or living in poverty</td>
<td>Not currently offering grant, unable to contact</td>
</tr>
<tr>
<td>Rancho Community Church</td>
<td>Has several different branches of donations that serve CMOH clients, and offers support for programming and diverse client needs</td>
<td>Donations to the church have gone down since the pandemic, unable to provide additional funding to new projects</td>
</tr>
<tr>
<td>Project Employ</td>
<td>Grant funding to offer occupational therapy services to homeless individuals</td>
<td>Not currently offering grant, unable to contact</td>
</tr>
<tr>
<td>City of Temecula</td>
<td>Allocates local funding to support individuals who are homeless or at-risk of homelessness</td>
<td>Unable to currently provide grants due to financial constrictions with COVID-19</td>
</tr>
</tbody>
</table>
ROLE OF OT FOR WOMEN AT-RISK OF HOMELESSNESS

Appendix I: CMOH Fieldwork Level II Student Manual

OCCUPATIONAL THERAPY FIELDWORK LEVEL II
STUDENT MANUAL
The Community Mission of Hope
ROLE OF OT FOR WOMEN AT-RISK OF HOMELESSNESS

Orientation Outline

History of CMOH..................................................................................................................3
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History of CMOH

The Community Mission of Hope (CMOH) began out of the parking lot of Rancho Community Church as a result of the recession in 2009. Rancho partnered with the Orange County Rescue Mission to create the Temecula Murrieta Rescue Mission. These organizations combined and expanded into the Community Mission of Hope as a 501c3 under Rancho Community Church in March 2013. CMOH is a Christian faith-based institution, but is inclusive for people of all faith backgrounds. This facility provides case management, housing assistance, food assistance, and referrals for individuals and families who are homeless or at-risk of homelessness (CMOH, Retrieved from https://www.cmoh.net/).

Mission Statement

We will empower our clients to become self-sufficient by providing food and resources for shelter, employment and healthcare through a collaborative, united network of community partners and volunteers (CMOH, Retrieved from https://www.cmoh.net/).

Helpful Links

- Organization website https://www.cmoh.net/
- Fact sheet about the role of OT in community mental health settings
  https://www.aota.org/~/media/Corporate/Files/AboutOT/Professionals/WhatIsOT/MH/Facts/Community-mental-health.pdf
- Occupational therapy for homeless individuals programming example
  https://commons.und.edu/cgi/viewcontent.cgi?article=1286&context=ot-grad
- Models and examples of occupational therapy interventions for homeless individuals
  https://nursinganswers.net/essays/role-of-occupational-therapy-for-homeless-people.php
Fieldwork Models and Literature

There are guiding models that have served to guide occupational therapy fieldwork service provision. The SPOTS (Sustainable Population-based Occupational Therapy Sites) is a model that outlines the creation and facilitation of occupational therapy services that match objectives outlined in Healthy People 2020 for people with disabilities (Precin et al., 2018). The goal of this project was to provide long-term, sustainable occupational therapy fieldwork level II sites for emerging practice areas (Precin et al., 2018). This was accomplished through student advocacy, faculty/student opportunities to speak about these sites at conferences and through published research, and through continuing communication between these sites and the schools students attend (Precin et al., 2018). For this particular model, this site was sustained through students providing an oral presentation of their population-based occupational therapy site to professors and faculty at both their fieldwork site and their university (Precin et al., 2018).

Another fieldwork model is to have OT fieldwork students to observe and facilitate hands-on community health services for people who are homeless through offering short, intensive activity groups (Potnis & Gala, 2020). In one program, fieldwork students participated in ten three-hour sessions for creating focus groups for individuals who are homeless (Potnis & Gala, 2020). Fieldwork opportunities that support individuals who are in marginalized communities must be adapted to cater to the client time availability and facility opened hours (Potnis & Gala, 2020). Through meticulous planning to attend to these time and resource constraints, emerging practice sites can become excellent, innovative, and creatively challenging sites for OT students (Potnis & Gala, 2020). Literature reviews related to role-emerging OT fieldwork have indicated that increased student autonomy and focus upon client-centered have resulted from participation in these sites (Lau & Ravenek, 2019). Students also reported that they
could see the wider impact that occupational therapy can have on population needs, and that career opportunities can be possible in these fieldwork sites (Lau & Ravenek, 2019).
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References:


https://doi.org/10.1016/j.ipm.2019.102144

Week-by-Week Schedule of Responsibilities

Week 1:

☐ Student is provided with orientation to facility, shadows 3-5 case management sessions, and begins creating survey to determine client interest in occupational therapy services.

☐ Participate in a “scavenger hunt” to familiarize yourself with the facility. Find the following locations/items:

  - Executive Director’s office
  - Case management files
  - Housing resources
  - Front desk
  - Warehouse client entrance
  - Employee/volunteer entrance
  - Bathroom
  - Introduce yourself to Allison and Maegan, and ask them what their roles are
  - Find out the names of all case managers and front desk volunteer, then introduce yourself

☐ Read through “helpful links” listed above, and research and read 3 additional articles about this population and/or occupational therapy’s role with this population

☐ Attend weekly staff meetings and daily volunteer meetings with case management

☐ Complete the following review question:

  What ways do you think CMOH serves clients well? What do clients appreciate the most about CMOH?
Week 2:

☐ Assess needs from survey and plan group model. Then next week (week 3) advertise and recruit.

☐ Observe supervisor complete assessments on clients

Begin with a client load of 3–5 clients

☐ Attend weekly staff meetings and daily volunteer meetings with case management

☐ Complete the following review question:

What are the most common needs you are seeing from assessments completed on clients?
Week 3:

- Advertise and recruit for creating client caseload (inform clients about services, provide information to case management, etc.)
- Deliver group model for occupational therapy for clients interested in services to CMOH director and operations manager.
- Complete evaluations for clients who are interested in OT services (complete Occupational Profile, COPM, KAWA, and PHQ)
- Attend weekly staff meetings and daily volunteer meetings with case management
- Complete the following reflection question:
  
  What literature can you find on supporting group therapy interventions? List reasons why a client would be a good fit for group treatment, individual treatment, or a combination of both.
Week 4:

☐ Begin delivering occupational therapy for CMOH clients interested in services
☐ Complete documentation (SOAP note format), and store this securely in locked case management cabinet
☐ Attend weekly staff meetings and daily volunteer meetings with case management
☐ Continue evaluations for new clients
☐ Maintain a client load of 5–8 clients
☐ Complete the following reflection question:

What other evaluation tools may be useful for this site/population?
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Week 5:

☐ Initiate course project and deliver initial ideas to both fieldwork supervisor and director of CMOH.
☐ Propose ideas for program project
☐ Complete documentation (SOAP note format), and store this securely in locked case management cabinet
☐ Attend weekly staff meetings and daily volunteer meetings with case management
☐ Continue evaluations for new clients
☐ Maintain a client load of 5–8 clients
☐ Complete the following reflection question:

What interventions have been most beneficial for clients? What are some common client occupational needs and barriers?
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Week 6:

☐ Continue to schedule and deliver in/group session.
☐ Continue to schedule and deliver in/group session. Maintain a client load of 5–8 clients.
☐ Present “what is OT” to volunteers/staff at CMOH
☐ Attend weekly staff meetings and daily volunteer meetings with case management
☐ Continue evaluations for new clients
☐ Maintain a client load of 5–8 clients
☐ Complete the following reflection question:

What future programming needs does CMOH have?
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Week 7:

☐ Midterm: Operate at half-fieldwork course load (seeing 2 groups/week or 7-10 clients a day).

☐ Complete documentation (SOAP note format), and store this securely in locked case management cabinet.

☐ Attend weekly staff meetings and daily volunteer meetings with case management.

☐ Continue evaluations for new clients.

☐ Complete the following reflection question:

What unique contribution can occupational therapists/therapy students provide in weekly/daily meetings at CMOH?
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Week 8:

- Develop and initiate grants to support continued occupational therapy fieldwork programming.
- Continue seeing 2 groups/week or 7-10 clients a day.
- Complete documentation (SOAP note format), and store this securely in locked case management cabinet.
- Attend weekly staff meetings and daily volunteer meetings with case management
- Continue evaluations for new clients
- Complete the following reflection question:

  What future research on this population would be beneficial? Is there a gap in occupational therapy literature related this population?
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Week 9:

☐ Have collaborative training with case management on client-centered care, and provide program proposal for initial review.

☐ Continue seeing 2 groups/week or 7-10 clients a day.

☐ Complete documentation (SOAP note format), and store this securely in locked case management cabinet.

☐ Attend weekly staff meetings and daily volunteer meetings with case management

☐ Continue evaluations for new clients

☐ Complete the following reflection question:

What future research on this population would be beneficial? Is there a gap in occupational therapy literature related this population?
Week 10:

- Re-administer assessments on clients (including COPM, Kawa Model, and the PHQ).
- Continue seeing 2 groups/week or 7-10 clients a day.
- Complete documentation (SOAP note format), and store this securely in locked case management cabinet.
- Attend weekly staff meetings and daily volunteer meetings with case management
  Continue evaluations for new clients
- Complete the following reflection question:
  Discuss the progress you’ve seen in client’s overall well-being since beginning occupational therapy opportunities. If some clients have not benefitted, list reasons why you think their goals were not achieved.
Week 11:

- Deliver fieldwork project to executive director, operations manager, and case management team.
- Create discharge plan and deliver to fieldwork supervisor.
- Continue seeing 2 groups/week or 7-10 clients a day.
- Complete documentation (SOAP note format), and store this securely in locked case management cabinet.
- Attend weekly staff meetings and daily volunteer meetings with case management.
- Continue evaluations for new clients.
- Complete the following reflection question:
  
  What are some recommendations you have for future occupational therapy students who will also complete fieldwork at this site?
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Week 12:

☐ Complete discharge plans
☐ Contribute any necessary additional information to this student manual
☐ Operate at full-fieldwork course load (seeing 3 groups of clients/week or 7-10 clients a day)
☐ Provide presentation to CMOH for future program development ideas and occupational therapy student participation.
Assignments

- Identify and contact funding sources to support occupational therapy services at CMOH
- Provide a presentation to staff within week 2-4 of fieldwork rotation to introduce “what is occupational therapy?”
- Create individualized treatment plans and goals for each client
- Establish individual and/or group therapy sessions, as determined in collaboration with fieldwork educator
- Deliver independent course project that supports programming at CMOH and furthers the development of occupational therapy techniques for this population

Guidelines for Documentation

Use SOAP format for each client during each session (whether this is documenting each client in a group session or in an individual treatment session). Complete evaluations using the Occupational Profile, COPM, Kawa Model, and the PHQ as measurable tools to guide treatment plans for clients.

Billing

There are no specific billing guidelines for clients at CMOH. However, for your own learning, document each session by writing SOAP notes that outline pertinent goals improved on or discussed during treatment. Clients will not be charged for these services. Grant writing, rather than billing, will be a focus for your fieldwork participation to offer funding and sustenance for this programming.

Safety Procedures/Codes

- Make sure to wash/sanitize your hands before coming to CMOH and after your shift. Wash your hands/sanitize in between each client.
• Clean work station in between each client with sanitizing wipes.
• Do not share your personal information about where you live (can say area like county or city), what car you drive, your cell number, etc. Your safety is a priority, just as you protect client’s personal information as well.
• All information about clients must be immediately stored in the closed cabinets in the case management office. Store this information in alphabetical order, and if you need to provide a client with any resources, scan these and place the double inside their folder.

**Patient Confidentiality Information (Patient Rights)**

• Never leave files in view of other clients, always keep them stored in the office cabinet or have them on the desk with the client you are speaking with. Clients always have permission to view this information.
• When documenting information, use patient initials instead of their full name.
• As mentioned above in safety procedures, all information about clients must be immediately stored in the closed cabinets in the case management office.

**Regularly Scheduled Meetings**

CMOH’s front office opens promptly at 9am, and meetings with all front office personnel and case managers are conducted daily by Allison Willits, Operations Manager. These meetings occur at 8:45. You should arrive no later than 8:30am to get set up for these daily meetings that provide facility updates, new resources, and important reminders.

**Weekly objectives:**

• Learn new updates about referrals case management can provide
• Receive updates on job opportunities in the area, as well as other necessary resources (such as free dental services, housing opportunities, partnerships, etc.)
• Learn about community resources, such as support groups at local churches
• Go over any questions that front desk or case management have for executive director or operations manager
• In these meetings, you can clarify your role, or discuss current interests clients have in occupational therapy services

**Dress code**

Business-casual are appropriate (such as a polo shirt with khaki pants), etc. Closed-toed shoes are important in case you need to walk through the warehouse. Clothing that completely covers chest, shoulders, underarms, torso and knees is necessary. Do not wear bracelets, watches, dangly earrings, or any expensive jewelry.
Responsibilities of Fieldwork Students

The following objectives are site-specific objectives for occupational therapy mental health settings found on the AOTA website:

**“I. FUNDAMENTALS OF PRACTICE”**

1. **Adheres to ethics:** Adheres consistently to the American Occupational Therapy Association Code of Ethics and site’s policies and procedures including when relevant, those related to human subject research.
   - Demonstrates work behaviors that reflect an understanding of professional standards and code of ethics appropriate to the practice environment.
   - Maintains appropriate boundaries.
   - Observes federal and state regulations relating to confidentiality.
   - Recognizes and appreciates that professional standards and code of ethics are an integral component of being a professional.
   - Identifies and addresses ethical concerns in the context of clinical supervision.

2. **Adheres to safety regulations:** Adheres consistently to safety regulations.
   Anticipates potentially hazardous situations and takes steps to prevent accidents.
   - Demonstrates awareness and understanding of observation levels.
   - Reviews chart and/or seeks to understand information from appropriate sources to attend to changes in status; asks questions when in doubt.
   - Maintains sharps count.
   - Maintains an awareness of and adheres to all pertinent hospital safety policies and procedures.
3. **Uses judgment in safety**: Uses sound judgment in regard to safety of self and others during all fieldwork-related activities.
   - Aware of role during restraint and seclusions on the unit.
   - Demonstrates the ability to de-escalate patients.
   - Utilizes appropriate body mechanics in working with patients.
   - Identifies and reports safety concerns to supervisor and/or appropriate clinical staff.
   - Assesses own ability to provide safe treatment and identifies situations that require further knowledge and/or assistance.

II. BASICS TENETS

4. Clearly and confidently **articulates the values and beliefs** of the occupational therapy profession to clients, families, significant others, colleagues, service providers, and the public.
   - Demonstrates the ability to effectively articulate and translate the importance, values, and beliefs of occupational therapy in the client’s overall treatment plan at a level that client, family, significant other, colleagues, service providers, and the public are able to understand.
   - Selects activities that reflect an understanding of the patient’s interests and occupational values.

5. Clearly, confidently, and accurately **articulates the value of occupation** as a method and desired outcome of occupational therapy to clients, families, significant others, colleagues, service providers, and the public.
• Demonstrates the ability to effectively articulate, translate, and use occupation as a primary method in the person’s overall intervention plan.
• Able to articulate to patients and staff the rationale behind a selected activity.

6. Clearly, confidently, and accurately **communicates the roles of the occupational therapist and occupational therapy assistant** to clients, families, significant others, colleagues, service providers, and the public.
• Able to communicate clearly the rationale for occupational therapy assessment and interventions provided to patients, families, and the treatment team.

7. **Collaborates with** client, family, and significant others throughout the occupational therapy process.
• Able to collaboratively discuss and set goals with patients in the context of both individual and group interactions that reflect a logical sequence of goal attainment.
• Recognizes the importance of involving the patient/family/team members/significant others in goal setting and intervention process.
• Follows through with plans made with the patient/family/significant others by ordering or providing equipment and/or making arrangements for out-patient therapy or a home program.

**III. EVALUATION AND SCREENING**

8. **Articulates a clear and logical rationale** for the evaluation process.
• Demonstrates the ability to effectively articulate a logical rationale for evaluation to the patient/family/significant other/staff.

• Able to understand and utilize the Cognitive Disabilities Frame of Reference to assess patient function during task group and milieu activities.

9. **Selects relevant screening and assessment methods** while considering such factors as client’s priorities, context(s), theories, and evidence-based practice.
   • Understands the use of a specific tool in relationship to identified patient’s condition.

10. **Determines client’s occupational profile** and performance through appropriate assessment methods.
    • Demonstrates familiarity with and comfort when interviewing patients.

11. **Assess client factors and context(s)** that support or hinder occupational performance.
    • Assessment tools may include: OTAPS, Bruininks, VMI, TVPS, mobility assessments, Sensory Profile, and group observations.
    • Screening tools may include: OTTOAS, observations during task groups.

12. **Obtains sufficient and necessary information** from relevant resources such as client, families, significant others, service providers, and records prior to and during the evaluation process.
    • Accepts responsibility and is aware of the importance of thorough data gathering.
• Demonstrates an understanding of psychiatric diagnosis and its impact on occupational performance.
• Selects and filters relevant and important information from all data collected.

13. **Administers assessments** in a uniform manner to ensure findings are valid and reliable.
• Accepts responsibility and is aware of the importance of accurate assessment.
• Observes standardized techniques in using standardized assessment tools.
• Able to articulate the value of selected standard assessment tools and able to describe the relationship between methodology and data gathering.

14. **Adjusts/modifies the assessment procedures** based on client’s needs, behaviors, and culture.
• Able to adapt the assessment process according to patient’s individual needs.

15. **Interprets evaluation results** to determine client’s occupational performance strengths and challenges.
• Able to objectively analyze and select pertinent data from assessment to develop an accurate profile of the patient’s strengths and weaknesses.
• Interprets data objectively and according to standardized or non-standardized method.
• Uses sound clinical reasoning.

16. **Establishes an accurate and appropriate plan** based on the evaluation results, through integrating multiple factors such as client’s priorities, context(s), theories, and evidence-based practice.
• Able to utilize the evaluation process to determine what the patient’s needs will be as they progress to a lower level of care.

• Able to identify continued treatment needs and compensatory strategies for the patient to be successfully discharged from the acute hospital setting.

17. **Documents the results of the evaluation process** that demonstrates objective measurements of client’s occupational performance.

• Documents results of the assessment and reassessment following department policies and procedures.

• Reports verbally and/or in writing unusual or critical information gathered during the assessment to the appropriate staff members.

• Reports performance data objectively.

• Contributes to the discharge plan in a manner that reflects an understanding of functional level at the time of the patient’s discharge and the available environmental supports in the anticipated discharge setting.

**IV. INTERVENTION**

18. **Articulates a clear and logical rationale** for the intervention process.

• Uses sound clinical reasoning in discussing the intervention plan with the supervisor/patient/family/staff.

• Communicates clearly and concisely.

• Varies language depending on audience.

• Demonstrates flexibility in utilizing alternative educational methods when standard methods are ineffective.
19. **Utilizes evidence** from published research and relevant resources to make informed intervention decisions.

- Uses sound clinical reasoning backed by published research and/or relevant resources to make informed intervention decisions.
- Reviews assigned articles during supervision.

20. **Chooses occupations** that motivate and challenge clients.

- Uses occupations and/or activities based on the appropriate theoretical model that will be most effective in maximizing the patient's occupational performance and achieving established goals.
- Uses preparatory activities that support occupation-based performance.
- Uses goal-oriented occupations and/or activities that are meaningful to the patient.

21. **Selects relevant occupations** to facilitate clients meeting established goals.

- Chooses graded activities and/or preparatory activities that will be most effective in maximizing the patient's occupational performance and allows for ongoing assessment of the patient's functional capacity and readiness for discharge.

22. **Implements intervention plans that are client-centered.**

- Recognizes importance of client-centered practice and involvement of family and caregivers in the treatment process.

23. **Implements intervention plans that are occupation-based.**
• Offers occupations (occupation-based activity, purposeful activity, preparatory methods) that match the patient’s performance skills, patterns, context, activity demands, and patient factors.

• Recognizes the value in using the most effective strategy to achieve individual goals and maximizes the patient’s interest in the treatment program.

24. **Modifies task approach, occupations, and the environment** to maximize client performance.

  • Demonstrates the ability to identify more than one appropriate strategy for a given problem area.

  • Appropriately revises and adjusts selected activities to adapt to a change in the patient’s condition.

25. **Updates, modifies, or terminates the intervention plan** based upon careful monitoring of the client’s status.

  • Demonstrates clinical reasoning skills to identify steps to solve problems in patient treatment and establish goals.

  • Selects and synthesizes available data when making decisions about treatment.

  • Grades and/or changes activity or method to achieve treatment goals.

26. **Documents client’s response** to services in a manner that demonstrates the efficacy of interventions.

  • Writes progress notes to clearly indicate measurable behavioral response to treatment.

  • Uses correct grammar and spelling and follows facility format for documentation to assure reimbursement.
• Discriminates between relevant and irrelevant material.
• Accepts responsibility for timely written documentation and initiates oral reports independently.

V. MANAGEMENT OF OCCUPATIONAL THERAPY SERVICES

27. **Demonstrates through practice or discussion the ability to assign**
appropriate responsibilities to the occupational therapy assistant and occupational therapy aide.

• Able to articulate an understanding of the role delineation between the various levels of professional and paraprofessional staff, including OTAs and activity therapists.
• Works collaboratively with interns, activity therapists, and nursing staff to plan successful treatment and milieu management strategies.

28. **Demonstrates through practice or discussion the ability to actively collaborate** with the occupational therapy assistant.

• Articulates an understanding of the role of the OTA in the behavioral health care setting in a manner that reflects a value and appreciation for the contribution of the OTA.
• Collaborates with the OTA or other relevant personnel to plan strategies based on accurate analyses of the activity demands and context of the intervention.

29. **Demonstrates understanding of the costs and funding** related to occupational therapy services at this site.

• Monitors the use of supplies on the unit.
• Follows department policy when requesting supplies from dietary services.

30. **Accomplishes organizational goals** by establishing priorities, developing strategies, and meeting deadlines.

• Demonstrates flexibility in adjusting priorities to meet the established goals of the department.

• Able to adjust pace and prioritize daily responsibilities.

31. **Produces the volume of work** required in the expected time frame.

• Organizes treatment and nontreatment responsibilities in order to ensure that responsibilities are completed in a timely and professional manner.

• Calculates the amount of time needed to complete a task and, if necessary, uses time outside of the clinic for task completion.

• Differentiates the importance of each task and prioritizes tasks so that they are completed in a timely and professional manner.

**VI. COMMUNICATION**

32. **Clearly and effectively communicates verbally and nonverbally** with clients, families, significant others, colleagues, service providers, and the public.

• Develops and maintains rapport with patients, families, and significant others that enhances the therapeutic relationship.

33. **Produces clear and accurate documentation** according to site requirements.

• Progress notes are concise and reflect information on occupational performance.
• Reports unusual and/or critical information in writing.

34. **All written communication is legible**, using proper spelling, punctuation, and grammar.

35. **Uses language appropriate to the recipient** of the information, including but not limited to funding agencies and regulatory agencies.
   • Able to use nontechnical terms to identify deficit areas and communicate treatment recommendations.
   • Adheres to Butler Hospital’s policy regarding acceptable abbreviations.

**VII. PROFESSIONAL BEHAVIORS**

36. **Collaborates with supervisor(s)** to maximize the learning experience.
   • Accepts responsibility for initiating professional learning experiences.
   • Self-directed in determining learning strengths and challenges.
   • Collaborates with supervisor to structure optimal learning opportunities.

37. **Takes responsibility for attaining professional competence** by seeking out learning opportunities and interactions with supervisor(s) and others.
   • Defines personal expectations and goals for the affiliation including the desired amount of supervision and style of supervision that would enhance attainment of goals and would be conducive to individual learning styles.
   • Independently seeks and participates in opportunities for improving skills.

38. **Responds constructively to feedback.**
   • Adjusts behavior in response to cues and direction from supervisor, staff, and the environment.
39. **Demonstrates consistent work behaviors** including initiative, preparedness, dependability, and work site maintenance.
   - Consistently maintains professional behaviors in the workplace. This includes, but is not limited to, taking initiative, being prepared and dependable, and assuming a professional demeanor.
   - Arrives on time and consistently completes work assignments on time.

40. **Demonstrates effective time management.**
   - Organizes treatment and nontreatment responsibilities in order to ensure that responsibilities are completed in a timely and professional manner.

41. **Demonstrates positive interpersonal skills** including but not limited to cooperation, flexibility, tact, and empathy.
   - Consistently maintains professional behaviors in the workplace, including, but is not limited to, professional appearance, showing respect for other professionals, and presenting in a professional and confident manner.
   - Develops and maintains rapport with patients that enhances the therapeutic relationship.

42. **Demonstrates respect for diversity** factors of others including but not limited to socio-cultural, socioeconomic, spiritual, and lifestyle choices.
   - Respectful and open to diverse backgrounds and ideas in the treatment setting. Seeks to understand the patient’s perspective and context when collaborating in treatment. Careful to not impose one's own beliefs and values on clients.
   - Able to access translation services as needed.”
Reference