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Sydney L. Bodensteiner

University of South Dakota, sydney.bodensteiner@coyotes.usd.edu

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An Occupation-Based Approach to Empower Individuals Experiencing Homelessness

Sydney Bodensteiner, OTS & Whitney Lucas Molitor, PhD, OTD, OTR/L, BCG

BACKGROUND

- On a single night in 2019, 568,000 individuals experienced homelessness in the United States (Henry et al., 2020)
- In January of 2020, Rapid City, South Dakota had 353 homeless individuals residing within the community (Bonnet, 2020)
- Homelessness has a negative effect on health and well-being (Mejia-Lancheros, 2021). Homelessness is defined as a lack of “fixed, regular, and adequate nighttime residence” (U.S. Department of Housing and Urban Development, 2017, p.2)
- Individuals experiencing homelessness, have barriers to meeting basic needs, which diminishes their access to participation in meaningful occupations
- Lack of participation in occupations and inability to meet basic needs leads to decreased meaning, participation, choice, and balance in occupational participation resulting in occupational alienation, deprivation, imbalance, apartheid, and marginalization, all forms of occupational injustice (Townsend, 2012)
- Holistic interventions to overcome occupational injustice can be developed utilizing the principles of occupational therapy. Occupational justice is a powerful idea that requires enabling, mediating, and advocating for all individuals to participate in occupations which are personally meaningful and health promoting (Hocking, 2017)

THEORETICAL FOUNDATION

The Framework of Occupational Justice (FOJ; Townsend, 2012)
The Framework of Occupational Justice was the primary theoretical foundation of my capstone project. Incorporating this theoretical foundation promotes inclusion of all individuals to participate in personally meaningful occupations. This framework demonstrates how structural and contextual factors support or inhibit occupational outcomes and occupational rights. Occupational justice identifies four rights individuals have regarding occupation including meaning, participation, choice, and balance (Hocking, 2017; Townsend, 2012). Lack of meaning, participation, choice, and balance of occupational participation leads to occupational injustice and decreased well-being. All people, including individuals experiencing homelessness, deserve the ability to participate in occupations supporting their health, development, and inclusion in daily activities (Hocking, 2017; Townsend, 2012).

The Person Environment Occupational Performance Model (PEOP; Christiansen & Baum, 2005)
PEOP consists of 4 major constructs: the person, environment, occupation, and performance/participation. The first construct, the person, includes intrinsic factors such as psychological, cognitive, physiological, spiritual, and neurobehavioral needs. The environment is the extrinsic factors where an individual exists and participates in occupations. The third construct, the occupation, is the activity or task that is personally meaningful to an individual. The final construct is performance and participation. This is achieved when the interaction of intrinsic factors, extrinsic factors, and personally meaningful occupations lead to occupational performance and participation (Christiansen & Baum, 2005). Individuals experiencing homeless experience barriers to occupational participation in each of these constructs. All constructs were assessed to identify these barriers to maximize occupational participation among this population.

The Model of Human Occupation (MOHO; Taylor, 2017)
Components of the key human system, namely volition, habituation, performance, and the environment were essential to understand and identify areas of change in the targeted population. The hierarchy approach to MOHO allows those components of the key human system to work together and promote change and function in one's life. Volition drove the success of individuals experiencing homelessness, to reshape and change their habituation (Taylor, 2017). The constructs of this theory provided insight into their performance capacity along with their internalized roles.

PURPOSE

- The purpose of this capstone experience was to explore the role of occupational therapy among individuals experiencing homelessness, specific to the Rapid City, SD community.

METHODS

- Initial recruitment for individual and group interventions occurred in January 2022; however, Recruitment for individual and group interventions occurred in January 2022; however, participation continued throughout the course of the capstone experience.
- Individual Interventions**
 - During the initial assessments, guests completed an occupational profile and the Canadian Occupational Performance Measure (COPM; Law et al., 2015) to identify meaningful occupations, barriers and support to participation, and their current level of performance in those occupations
 - Participants attended thirty-minute to one-hour occupational therapy interventions sessions. Participants were encouraged to complete weekly or bi-weekly interventions
 - All treatment sessions addressed goals that were personally meaningful and fell under the occupational therapy scope of practice
 - The COPM was readministered during weeks 12 and 13 for post-test assessment
- Group Interventions**
 - Group interventions were lead using The Peer Support Program (Dobias, 2020)
 - The program provided evidence-based and theory-centered interventions for the targeted population (Dobias, 2020)
 - During the first attended group intervention, participants complete the Personal Recovery Outcome Measure (PROM; Barbic, 2015) as a pre-test assessment
 - Group interventions were held 2-3 times a week for 10 weeks. Interventions were one hour long
 - The PROM was readministered during week 12 for post-test assessment

Individual Interventions

Area of Occupation	Number of Interventions	Occupation-based interventions
Activity of Daily Living	2	Functional mobility, personal hygiene & grooming
Instrumental Activities of Daily Living	10	Meal preparation, cleaning, communication management, financial management, home establishment & management, religious & spiritual expression, safety maintenance, and grocery shopping
Health Management	12	Social & emotional health promotion and maintenance, symptom & condition management, communication with the health care system, medication management, physical activity, nutrition management, personal care device management, coping, sobriety, and grief
Rest and Sleep	2	Rest, sleep preparation, sleep participation
Work	4	Employment interests & pursuits, employment seeking, job performance & maintenance, volunteer exploration and participation
Education	5	Formal education participation, interests' exploration
Social Participation	9	Community participation, family and friendship participation, peer group participation
Leisure	6	Leisure exploration and participation

Group Interventions

Group Intervention Title	Number of Participants
Self-Awareness	4
Expressive Writing	8
Vision Boards	6
Yoga	6
Goal Setting	7
Coping Strategies	5
Social Network	2
Who am I?	4
What is Advocacy?	4
Community Resources	5

RESULTS

Individual Interventions

- A total of 50 individual interventions were completed
- Eleven Fork Real and HOPE Center guests participated in individual interventions
- The average number of interventions each participant completed was 5.5 (SD = 3.72)
- Six participants were female and five were male. Their ages ranged from 28 to 65 years old (M= 43.18, SD =11.69)
- Of the 11 guests who participated in individual interventions, six completed post-test assessments
- A Wilcoxon Signed Ranks test was performed to compare pre-test and post-test scores of COPM results
- A significant difference was found from the results of the guests' performance scores ($Z = -2.207, p < .027$)
- Similarly, significant increase was found for the guests' satisfaction scores ($Z = -2.201, p < .028$)

Group Interventions

- Fifteen guests participated in the Peer Support Program and completed pre-test assessments for group interventions
- Ten participants were female and five were male
- Their ages ranged from 23 to 63 years old (M= 36.38, SD = 12.22)
- The average number of interventions each participant attended was 3.4 (SD= .88)
- Of the 15 guests who participated in group interventions, eight completed post-test assessments
- A Wilcoxon Signed Ranks test was performed to compare the mean of pre-test and post-test scores of the PROM
- No significant difference between the pre-test and post-test scores was found in the results ($Z = -1.820, p < .069$)

DISCUSSION & CONCLUSIONS

Findings

- The findings of the needs assessment and the COPM results support the need of occupational therapy services among individuals experiencing homelessness.
 - All eleven participants who completed the COPM identified ADL and IADL occupations in their top performance problems.
 - Ten of the eleven participants identified health management goals.
 - Seven of the eleven guests identified work goals.
 - All participants identified goals which required improved social skills to maximize participation in their desired occupation.
 - Barriers to sleep were identified by eight of eleven participants
 - All participants identified a leisure occupation during the completion of their COPM. However, no participants ranked a leisure occupation in their top five occupational performance problems. This demonstrates that other areas of occupational performance are more personally meaningful than sleep and leisure occupations among this population.
- Individual Interventions**
 - The findings of the Wilcoxon Signed Ranks test showed statistical significance in pre-test and post-test scores for both performance and satisfaction ratings on the COPM.
 - In addition to the improvements of COPM scores, many guests met occupation-based goals demonstrating the effectiveness of occupational therapy interventions among this population.
 - One participant was able to obtain housing and now has a safe shelter to rest each night.
 - Another participant is currently celebrating six weeks of sobriety from drugs, four weeks of sobriety from alcohol, and has employment for the first time in three years.
 - The final participant has been accepted into college and plans to attend Western Dakota Technical Institute in the fall to pursue a career in welding and fabrication. She has also purchased a car because of newly learned financial management skills.

Group Interventions

- The findings of the Wilcoxon Signed Rank test showed nonsignificant statistics from pre-test to post-test scores on the PROM assessment.
- Although the changes in pre-test and post-test scores were not large enough to be considered statistically significant, six of the eight individuals who completed post-test assessment reported increased scores regarding their personal recovery.
- Group interventions, specifically peer support programs are designed to provide emotional and social support to individuals who share common experiences. Peer support interventions have found to be effective in areas of hope, empowerment, and quality of life when working with this population (Bellamy et al., 2017; Kidds et al., 2019; O'Connell et al., 2018). With the effectiveness of group interventions may have increased if participation was more regular and consistent.

IMPLICATIONS FOR OCCUPATIONAL THERAPY

- Occupational deprivation, imbalance, alienation, marginalization, and apartheid are all factors of occupational injustice seen in individuals experiencing homelessness. Though occupational therapy interventions, this injustice can be addressed to increase the occupational participation of this population to improve overall well-being and quality of life of homeless individuals.
- The findings of my capstone experience along with evidence-based information available on this topic demonstrate the effectiveness and importance of individual and group based occupational therapy interventions among this population (LeVan et al., 2020; Gutman et al., 2019; Kidds et al., 2019; Shaver et al., 2019; O'Connell et al., 2018; Bellamy et al., 2017).
- Occupational therapy's role in assisting individuals experiencing homelessness is an emerging area of practice (Grandison et al., 2013). Vision 2025 of The American Occupational Therapy Association seeks to “maximize health, well-being, and quality of life for all people, populations, and communities” (AOTA, 2017, p.1). Occupational therapies scope of practice meets the needs of individuals experiencing homelessness. Occupational therapy is a unique profession that can assist individuals in improving their occupational participation to facilitate improvements towards health, well-being, and quality of life. Individuals experiencing homelessness are a vital population to serve to achieve AOTA's vision 2025.

REFERENCES

