



Western Michigan University
ScholarWorks at WMU

Capstone Projects

4-2023

Occupational Therapy in a Daytime Homeless Shelter Setting

Ruth Erin Garcia
Western Michigan University

Follow this and additional works at: https://scholarworks.wmich.edu/capstone_projects



Part of the Occupational Therapy Commons

Recommended Citation

Garcia, Ruth Erin, "Occupational Therapy in a Daytime Homeless Shelter Setting" (2023). *Capstone Projects*. 10.

https://scholarworks.wmich.edu/capstone_projects/10

This Capstone Project is brought to you for free and open access by ScholarWorks at WMU. It has been accepted for inclusion in Capstone Projects by an authorized administrator of ScholarWorks at WMU. For more information, please contact wmu-scholarworks@wmich.edu.



Occupational Therapy in a Daytime Homeless Shelter Setting

Ruth Garcia

Occupation Therapy Department, Western Michigan University

Doctoral Capstone

Contents

Abstract.....	4
Introduction to Capstone Project.....	5-6
Literature Review.....	7
Introduction.....	7
Demographic of Population.....	8
Recognition of Inequities and Systemic Barriers.....	8-9
Conditions.....	9-14
Life Circumstances.....	14-16
Occupational Therapy and Justice.....	17-19
Occupational Therapy’s Role in Case Management.....	19-20
Impact of COVID-19.....	20
Other Occupational Therapy Interventions.....	20-21
Interdisciplinary Value.....	21
Perspectives of Homeless Shelter Workers.....	21-22
Conclusion.....	22
Needs Analysis.....	22-23
Summary of Completed Work.....	23
Methods.....	23-24
Approximated Summary of Time, by week.....	24
Summary of One-on-One Session Data.....	25-27
Findings.....	27-28
Group Session Summary.....	28-29

Weekly Topics.....	29
Restorative Justice Support Summary.....	30
Note Regarding Data.....	31
Objectives Achieved	31
Implications of Capstone.....	31
Sustainability.....	32
Conclusion.....	32
References.....	33-38
Appendix.....	39-60

Abstract

Occupational therapy (OT) is an allied health profession that works with individuals on improving their engagement and performance in meaningful occupations. This doctoral capstone project (DCE) was completed at Ministry with Community (MwC), a daytime shelter and resource center. There is emerging but limited literature regarding the role of OT working within a homeless shelter setting. Additionally, individuals experiencing homelessness are at risk for occupational injustice, or restriction to engagement in meaningful life activities.

The primary goal of this DCE was to improve engagement in meaningful occupations. The focus was program development with a secondary focus on advocacy. The objectives for this project were the following:

1. Provide individualized, client-centered interventions to individual members
2. Collaborate with staff regarding member goals and care.
3. Design and offer group classes.
4. Assist with development of the restorative justice program.

The most utilized OT interventions were case management, coping skills training, chronic health condition management, and job skills training. There were fourteen intervention themes in total. This DCE describes the interventions used, outlines group intervention curriculum, and explores the relevance of occupational and restorative justice within the field of occupational therapy.

Introduction to Capstone Project

This project took place at Ministry with Community, a resource center and day shelter located in downtown Kalamazoo. Ministry with Community offers many vital, free services including access to laundry, showers, meals, social work services, and recovery services. Despite its name, MwC is not religiously affiliated and is a registered not for profit organization. MwC is an adult facility though children are welcome if they are supervised by parents or guardians while on the property. MwC aims to help rebuild lives and is an open door to any community member regardless of age, diagnosis, race, ethnicity, sexual orientation, gender identity, legal record, immigration status, or religion. MwC frequently hires members into their team as staff when able, so many team members can offer those they serve with the deep understanding of shared lived experience.

Members are expected to adhere to community expectations that include rules such as no violence or threatening behavior, no theft, and no drugs or alcohol on the premises. When a community expectation is violated, the member may be barred from the building for a commensurate duration of time. Appropriate supports are still offered to the individual when they are barred, including access to the building for appointments with social work, mental health workers, recovery support services, and access to mail services. Organizationally, MwC is in the process of shifting their culture and reevaluating the barring process to be more restorative and less punitive. The barring process, while necessary on some level, greatly reduces the individual's ability to access basic needs and successfully complete many activities of daily living (ADL) and instrumental activities of daily living (IADL).

This project was mentored by the Program Director and social worker, Johnny Anderson
III. This project was supported by many MwC team members including the Associate Director,

the Restorative Justice Coordinator, the program staff, front desk staff, and security staff.

Western Michigan University's StreetMed team also played a valuable role in referring members to this service and coordinating care for shared members. The primary population utilizing MWC services is individual adults experiencing homelessness or housing insecurity. This includes individuals who are chronically homeless or acutely homeless as well as individuals recently released from incarceration. The ACOTE concentration areas for this project were program development and advocacy.

My objectives throughout my project were to:

1. Provide individualized, client-centered interventions for members on to improve engagement in occupations.
2. Collaborate with service and support staff regarding member functional ability, independence, needs, and supports.
3. Offer group class and activity sessions aimed at addressing occupational deprivation and independent living barriers.
4. Support Ministry with Community team in developing an equitable, inclusive, and restorative workplace.

These objectives completed through informal one-on-one meetings with members, scheduled meetings with members, group activities and class facilitation, communication with internal and external partners about members, participation in weekly barring meetings, proactive outreach to members, and communication with internal team members about restorative culture components.

Literature Review

Introduction

Occupational Therapy (OT), the “doing” therapy, is uniquely posed to address individuals’ holistic needs to participate and engage in meaningful activities of their life (Marshall et al., 2021). The role of occupational therapy practitioner (OTP) is to work with individuals on improving engagement or abilities in life’s daily activities, or the things they need to do or want to do. OTP have experience working with persons experiencing homelessness in traditional practice settings such as community and inpatient mental health settings and are considered experts at increasing performance and engagement in occupations (Marshall et al., 2021). OTP have a role to play in intervention with persons experiencing homelessness, yet there is limited research available to outline the parameters, efficacy, longevity, and scope of OTP within this population. The field of OT has been indicated for the following interventions within shelter settings or similar settings: stress management, well-being, chronic pain, education, life skills, post-traumatic stress disorder treatment, substance abuse, communication skills, money management, job skills, coping skills, reentry transitional support, independent living skills, role identity, case management, and occupational injustice.

Further, OTP should consider the ethical responsibility of the field to improve and address occupational justice for all individuals; occupational justice principles state that all individuals have a right to engage in meaningful occupations (Aldrich et al., 2017). Another aspect of justice is the use of restorative justice to address violations of community expectations, or shelter rules. MWC recently developed and hired a position to create a restorative justice program as an alternative to their barring process as well as to promote restorative and community centered ways to repair relationships and resolve conflict.

Demographic of Population

Homelessness is a complicated and dynamic issue with the prevalence of nearly 600,000 in January 2020 in the United States (National Alliance to End Homelessness, 2021). If there was one word to describe the collective of individuals experiencing homelessness, it would be heterogeneous (Yok-Fong et al., 2021). Even the definition of homeless varies from those who “couch surf” or individuals who have been without a stable home for years. Three categories of homeless have been defined by McAllister et al. (2011) that include transitionally homeless, those experiencing a short period of homelessness before finding stable housing, episodically homeless, those who vacillate between housing and not, and chronic homeless, which refers to those who use shelters as their long-term housing arrangement. Approximately 19% of the homeless population are estimated to be living with chronic homelessness.

Men are at increased risk for homelessness as are people of color (National Alliance to End Homelessness, 2021). Native Hawaiians and other Pacific Islanders, African Americans, and Indigenous people are amongst the highest rates of homelessness. Higher unemployment rates, lower incomes, less access to healthcare, interpersonal domestic violence, and higher incarceration rates are contributing and intersectional factors that contribute to racial disparities within this population. Additionally, Veterans are also at increased risk for homelessness. Cognitive disability, mental illness, substance abuse, trauma, incarceration, and lack of access to resource all contribute to this issue (Chapleau, 2010).

Recognition of Inequities and Systemic Barriers

It is important to acknowledge that each risk category listed warrants entireties of dedicated research and are vastly complex with deep systemic roots and inequities (Yok-Fong et

al., 2021). The experience of homelessness is not one entirely, or in some cases even partially, due to individualistic and merit-based factors. While root cause and systemic analysis is vital, this paper focuses on the functional limitations and barriers of individuals as well as beneficial interventions and approaches within this setting.

Conditions

Cognitive Functional Capacity

There is limited research available about the role of OTP on addressing an individual's needs related to cognitive functional capacity within this population (Synovec et al., 2022). There is, however, substantial evidence reporting the increased prevalence of cognitive impairments within the shelter setting population compared to the general population (Prans et al., 2022). Cognitive impairment, defined by Stone et al. (2022), is a functional and clinical impairment which affects cognitive ability, and it is both a risk factor to become and to continue to experience homelessness. Cognitive impairments diagnoses include dementia, traumatic brain injury (TBI), neurological, psychosis, substance abuse disorder, attention deficit disorder, autism spectrum disorder, and developmental disability. Economic advantage is negatively associated with general cognitive impairment (Stone et al., 2022).

TBIs have been found to be five times or more higher in populations of individuals experiencing homelessness compared to the general population (Stone et al., 2022). The primary cause of TBIs within this population occurs from assault and falls associated with substance abuse. One study compared individuals with dependency on alcohol and who live chronically homeless to the general population and reported rates of head injury that were shockingly 400 times higher (Svoboda and Ramsey, 2014). As Raphael-Greenfield explains (2012),

homelessness increases risk of head injury due to increased vulnerability to victimization, increased rates of substance abuse, and risk-taking behavior. Further, individuals within this population who receive a head injury have a poorer prognosis and increased risk for reinjury compared to the general population.

Cognitive impairments can impact an individual's ability to maintain and find housing, employment, mental health or medical care, and healthy, supportive relationships (Stone et al., 2019). Within the population of people experiencing homelessness, mental illness and substance abuse are also more common; when compounded with cognitive impairments, it can be difficult to distinguish underlying causes of behavior, volition, and abilities.

Mental Illness

Mental illness is a prevalent condition with the population of individuals utilizing homeless shelters. Estimates range from approximately one third to two thirds of this population to be living with mental illness (Gutman et al., 2019; Illman et al., 2013). Mental illness, like TBIs, is considered both a risk factor and exacerbator for homelessness (Illman et al., 2013). Additionally, both the experience of homelessness alone and mental illness alone can restrict participation in meaningful life activity. The combination of mental illness and homelessness can “significantly and negatively influence one’s quality of life and limit one’s engagement in meaningful occupation” (Illman et al., 2013). Findings from semi-structured interviews with 151 individuals who identified as being homeless and having a mental illness summarized occupations into the following categories: occupations from enjoyment, occupations for survival, occupations as passing time, and occupations for self-management. These qualitative research findings suggest that within those who are experiencing homelessness and mental illness that occupational engagement is rather diverse.

Stress management group interventions have been indicated as having a beneficial impact on self-perceived stress level in individuals with mental illness who receive temporary shelter services (Gutman et al., 2019). The topics covered within these group interventions were anger management and conflict negotiation, meditation breathing techniques, diet and nutrition, exercise, leisure, and recreation, sleep hygiene, and wellness recovery action plan construction. Another study indicated OT interventions focused on improving well-being in persons with mental illness can increase positive emotions, promote willingness to ask for help, and contribute to goal achievement (Noguchi et al., 2021).

Substance Abuse

Another condition prevalent within this setting and population is substance abuse and/or addiction, estimated at a prevalence of 37% (Raphael-Greenfield, 2010). Substance abuse diminishes judgment and cognition on its own but also causes increased risk of head injury, further worsening independent living abilities. The field of OT, generally, does not have a strong basis of understanding within the general practitioner population, with a surveyed 70% of OTPs reporting no formal training and only half reporting true working experience (Mattila, 2022).

There is literature that points to OT as a beneficial therapy for individuals who do not have stable housing and whose substance abuse patterns impact the individual's occupational performance (Schults-Krohn, 2013). Another study explored the role of OT within a women's prison setting addressing substance abuse through development of leisure activities, trigger identification, value and self-esteem building activity, and vocational training (Tayar, 2004). More research is needed regarding the unique role of occupational therapy to address substance abuse within a homeless shelter setting, including the historical, social, and racial context in which drug treatment and legality has occurred in the United States.

Chronic Pain

One area of holistic wellbeing to consider within the homeless shelter setting is the common experience of chronic pain. Hwang et al. (2011) describe chronic pain as a highly prevalent issue and is defined as a persistent pain beyond the normal tissue healing time, or approximately 3 months. Prevalence of chronic pain is estimated between 11-25% of the general population in developed countries. In efforts to estimate chronic pain prevalence within a homeless shelter setting, Hwang et al. collected random, sampling data from 150 individuals utilizing shelter services (2011). Participants were asked to rate the severity of their pain on a graded Likert scale as well as interview about their pain and pain care experiences. One third of participants indicated the highest level of pain and pain related disability. Shelter life stress, poor sleeping conditions, inability to restrict physical activity, addiction, inability to afford prescription pain medicine, and poor doctor-patient relationship were among the identified reasons for worsened pain experiences and severity. Another UK based study reported estimates that 58% of individuals experiencing homelessness experience chronic pain (Fisher et al., 2013).

Occupational therapy has a unique role in addressing chronic pain as chronic pain interferes with occupational engagement and often results in the need for assistance for daily living needs (Hesselstrand et al., 2015). In a scoping review of 52 sources by Lagueux et al. (2018), the primary focus of OTP when working with this condition is to assist individuals with finding improving ways to complete the things they want to do or need to do in their daily life in holistic, client centered ways.

Additionally, OTs are practiced in the art and science of determining an appropriately challenging task, often referred to as a “just right challenge” which is important in treating chronic pain because both over *and* under exertion can increase pain levels (Lagueux et al.,

2018). Other interventions that OTs use in the general population to address chronic pain include developing compensatory strategies, adapting the environment, biomechanical exercises and stretches, patient education, Lifestyle Redesign, and energy conservation. Hesselstrand et al. (2015) also reviewed the available literature in a systematic review and published that education on work techniques and workplace adaptations have the strongest evidence for support.

The strategies outlined by Laqueux et al. (2018) and Hesselstrand et al. (2015) are beneficial when considering treatment of chronic pain but have limitations. The OT specific studies for chronic pain were not done in a homeless shelter setting and thus may or may not be generalizable to the homeless shelter population due to a variety of constraints and barriers. As an example, many individuals experiencing homelessness and chronic pain frequently carry belongings, walk as the main form of community mobility, and have non-optimal sleep but may be unable to change these areas without compromising access to basic needs, shelter, or safety. More research is needed to address the gap in literature regarding OT services for chronic pain for individuals residing in a homeless shelter.

Post Traumatic Stress Disorder

Post-traumatic stress disorder (PTSD) is caused by a traumatic event or series of traumatic events (Edgelow, 2019). The prevalence of PTSD is estimated to be three times greater in the population of people experiencing homelessness versus the general population. Symptoms of PTSD can impact an individual's ability to engage in meaningful occupations, including seeking housing or maintaining housing via disruptions to global processing, memory, emotional regulation, feelings of safety, and other physiological, mental, and emotional responses (Whitbeck et al., 2015). An individual does not need a formal diagnosis of PTSD to present with

trauma exposure symptoms; diagnostic indicators include hyperarousal, intrusion, and avoidance (Helfrich et al., 2011).

There is relatively little research about the role of OTPs within a homeless shelter setting in treatment of trauma. One study evaluated the effectiveness of life skills training in individuals with mental illness and without stable housing and found the six-month intervention course to be beneficial to participants at reducing trauma related symptoms (Helfrich et al., 2011). OTP can provide beneficial interventions through regulatory practices (e.g., yoga), physical training, expressive outlets (e.g., art therapy), nature therapy and meditation (Whitbeck et al., 2015). The applicable interventions for PTSD all have not all been formally evaluated within the homeless shelter setting. More research is needed in this area, especially considering the increased prevalence of PTSD or more generally of trauma exposure within this population.

Life Circumstances

Domestic Violence

Domestic violence is another cause and perpetuator of homelessness (Gezinski & Gonzalez-Pons 2021). Those leaving domestic violence relationships and homes cite stable housing as an “immense need” as well as describe barriers to be discrimination, unaffordability of housing, and insufficient documentation (Gezinski & Gonzalez-Pons 2021). Indigenous and migrant women are the most vulnerable in this regard. Individuals with a disability are also at increased risk for victimization (Occupational Therapy Services for Individuals Who Have Experienced Domestic Violence, 2017).

From an occupational standpoint, individuals within a domestic violence situation, often referred to as intimate partner violence (IPV), is another form of occupational injustice

(Occupational Therapy Services for Individuals Who Have Experienced Domestic Violence, 2017). DV or IPV results in restriction to desired and meaningful occupations, which can include restricted or controlled routines, bodily autonomy, community access, and/or isolation from meaningful relationships and roles. Appropriate OT interventions for individuals within or who have been affected by DV should always be client centered and promote active engagement. Effective interventions include assertive communication skills, coping skills, education and employment support, parenting skills, social skills training, money management, and stress management.

Reentry Post Incarceration

It is well known that the United States of America is the leading nation in incarceration (Fox et al., 2014). When individuals are set to enter mainstream society, they face many barriers. Connection to medical care, reconnection with loved ones, and establishment of secure housing are common. Rates of noninfectious chronic disease, opioid abuse, and HIV are all diseases disproportionately represented within the incarcerated population. While it is illegal to not provide medical care to an individual while incarcerated, it is not uncommon for individuals to have little or no support in connecting to ongoing medical care upon entering mainstream society. Additionally, if an individual does not have friends or family to stay with, finding secure housing can be exceptionally challenging due to criminal record screening by landlords.

Occupational therapy can support individuals reentering society by utilizing functional and person-centered approaches. In one small pilot study, OT intervention improved self-efficacy, emotion management, anxiety, and sleep after working with previously incarcerated males on problem solving skills, attention, independent living skills, and attainable goal setting in one-on-one and group sessions (Gonzalez, 2021). In another case study by Kannenberg, K. &

Conley, M. (2020), an OTP worked within an interdisciplinary team to support an individual in developing and maintaining independent living skills utilizing compensatory strategies, repetition of information, harm reduction strategies, and motivational interviewing.

Veterans

Veterans are disproportionately represented within the population individuals experiencing homelessness, despite availability of housing resources through Veteran Affairs (VA) (Gabrielian et al., 2013). One study found that only a quarter of Veterans experiencing homelessness utilize housing or health care services through the VA (Tsai & Kelton 2023). Some suggestions regarding why a barrier to treatment exists include transportation, perceived stigma in asking for help, not believing help is necessary, and limited access to information of service.

Veterans are at increased risk for PTSD; as stated above, PTSD is a condition caused by exposure or repeated exposure to traumatic events (Kerr et al., 2020). It is characterized by intrusion thoughts, avoidance, behavioral and cognitive changes, and hyperarousal and reactivity frequently resulting in decreased occupational performance. OT interventions were found to be most effective when occupation-centered tasks were combined with psychosocial interventions such as motivational interviewing, trauma counseling, and nature therapy. It is important to consider that chronic illness prevalence is also overrepresented with the Veteran population (Gabrielian et al., 2013). There is a gap in literature regarding the role of OT in working with veterans who utilize homeless shelter services, though there is evidence to support the efficacy OT in working with Veterans.

Occupational Therapy and Justice

Occupational Justice

Occupational justice relates to the core value that all individuals have a right to health, that occupations are the vehicle for health, and that as such, all individuals have a right to meaningful and healthful occupations. Homelessness is both preceded and entrenched in occupational barriers, injustices, and deprivation. The American Occupational Therapy Association (AOTA) vision also address the need for occupational justice:

“As an inclusive profession, occupational therapy maximizes health, well-being, and quality of life for all people, populations, and communities through effective solutions that facilitate participation in everyday living” (American Occupational Therapy Association, 2023).

OTP practicing in homeless shelter settings should, by this vision, be mindful of and advocate as necessary for occupational justice.

Restorative Justice Relevance in Occupational Therapy

Restorative justice, originally an indigenous practice, leverages community and relationships to promote accountability and support when addressing violations of community expectations (Long et al., 2022). Restorative justice, unlike punitive justice models, does not rely on exclusionary principles which typically worsen offender outcomes and do little to address victim’s needs. At MwC, when a member violates a community's expectations they can be barred, or excluded from services. This greatly impacts their ability to engage in safe and necessary activities of daily living (ADLs) or instrumental activities of daily living (IADLs), including access to bathroom, laundry, showers, shelter, clothing, and hygiene products.

Restorative justice can be used as means to address harm while also providing support and accountability. Though OTPs can and do assist with development of interpersonal skills, there is a gap in literature regarding the role of OT within the field of restorative justice.

Chronic Boredom

Those living with restricted means frequently experience boredom and are without means or ability to remedy this adverse state of being (Marshall et al., 2020). Boredom is a state of being that is derived from lack of access or inability to participate in meaningful occupations. It may seem like a trivia concern when compared to the numerous challenges within this population, however there are serious ramifications of chronic boredom. Chronic boredom has been cited as a source of decreased mental wellbeing and increased risk of substance abuse, victimization, and fighting. Chronic boredom and barriers to meaningful occupations are also a source of occupational injustice. Social occupations, walking, sexual activity, leisure activity, and sleep are identified as ways individuals manage chronic boredom.

Chronic Sleep Deprivation

Sleep is an essentially important occupation for all individuals and is an occupation often challenged and disrupted by the experience of homelessness (Gonzalez & Tyminski, 2020). Approximately 550,000 people are without a home on any given night, resulting in two primary options: community shelters or unsheltered, e.g., sleeping outdoors. Either option poses significant sleep disturbances and safety risks resulting in lower quality of sleep for individuals experiencing homelessness. Given the significant impact on energy, mood, problem solving capabilities, and productivity, lack of sleep can create additional challenges in changing life circumstances. Erratic or unpredictable sleep patterns can also interfere with an individual's

ability to make community, work, health management, or social service-related plans; routine sleep-in sufficient amounts and quality impact optimization of occupational performance (Faulkner, 2022).

Occupational Therapy's Role in Case Management

One area of OT that is not frequently discussed is OTP within the domain of case management despite OTP being experts on identifying strengths and barriers for occupational success. Case management, as defined in Kannenberg et al. (2018), primarily refers to the coordination and connection of services, education and guidance given to clients, and appropriate advocacy with or on behalf of a client. The Commission for Case Manager Certification (CCMC) has described case management in the complex cases as serving as a conduit for facilitating care transitions and aiming to lessen the possibility of clients getting “lost in the system” (Robinson et al., 2016). No specific academic requirements are needed nationally within the field of case management, though requirements can vary by state and organizations (Kannenberg et al., 2018).

Typically, case managers do not provide direct service, however OTP can and do operate in dual capacities, as both case manager and practitioner often in a collaborative and interdisciplinary manner. OTP address challenge areas holistically, leverage strengths, and empower the client toward increased participation and satisfaction in life's daily activities (Kannenberg et al., 2018; Robinson et al., 2016). This could include coordination of a social services appointment while also implementing compensatory strategies to ensure the client remembers the appointment, arrives at the appointment, and/or is able to record the necessary information from the appointment (Kannenberg et al., 2018). In many settings, case managers can set such appointments but may not have the training, education, or awareness to even identify the

person-centered factors that can impact the service connection. Additionally, OTP can use appropriate assessment, evaluation, and clinical judgment to analyze not only the person, but also their environment, and support systems to aid in case management OTP roles. Robinson et al. (2016) argue that the very foundation of OT is important to the role to engage individuals in holistic, strengths-based case management care.

The Impact of COVID-19

It is important to note that data collection on the impact of the global COVID-19 pandemic has yet to be synthesized and released (National Alliance to End Homelessness, 2021). Within this setting, COVID-19 decreased socialization, community meals, computer lab access, game room access, and reading room access. There is certainly more research to be done regarding the many implications of COVID-19 on homelessness, including root causes, systemic inequities, perpetuating effects, and appropriate supports.

Other Occupational Therapy Interventions

OT interventions with individuals or families experiencing homelessness, and with no specific condition inclusion criteria, include employment skills, education, coping skills, leisure skills, and money management (Thomas et al., 2011). Outreach teams that include occupational therapy indicate efficacy for integration to community living, medication management, and household management (Lloyd & Bassett, 2012). OT work readiness programs, in a 6-week study, demonstrated significant improvements toward participant determined goals when working with parents experiencing homelessness (Schults-Krohn et al., 2018). Additionally, OTs have worked with teens to improve financial literacy using leisure-based interventions; this pilot investigation demonstrated efficacy for improving progress toward financial and client-

determined goals (Schults-Krohn et al., 2018.) In a separate study, participants were recruited to participate in a semi-structured interview to understand the perspective of individuals transitioning from homeless to housed. Six subthemes were synthesized from responses that included: giving back, resuming familiar occupations, negotiating substance use, coping with the quiet, seeing yourself differently, and the meaning of spiritual occupations. Development of roles, responsibilities, and adapted identity may also play an important role for OTs working within the housing transition process (Marshall & Lysaght, 2016).

Interdisciplinary Value

OT may improve efficacy from an interdisciplinary perspective (Merryman & Synovec, 2020). In one qualitative study twelve interdisciplinary clinicians were asked about their perception of occupational therapy services for homeless adults. This study took place with clinicians working on an interdisciplinary team within a Federally Qualified Health Center (FQHC), which is an integrated primary care setting primarily services individuals who qualify for Medicaid. Other providers within this setting indicated appreciation for the scope of OT. Specifically, OT was viewed as benefiting other clinicians through identifying functional capacity as well as cognitive status in patients. Additionally, OTs are valued within this area for their ability to promote successful transitions in housing, make beneficial recommendations, and training adaptive tools and compensatory strategies, and identifying strengths and barriers.

Perspectives of Homeless Shelter Workers

As with any demographic, workers serving individuals experiencing homelessness offer valuable insight. One qualitative and purposive sampling study collected interview information from 34 homeless shelter paid workers (Paat et al., 2021). Workers reflected on the barriers such

as lack of funding and lack of qualified professionals to support members' mental illness, substance abuse, and chronic disease needs. Additionally, the lack of identification of needs is a common barrier to utilize services. The population of workers for this study mirrored the service population; 58% of workers interviewed had or still were experiencing homelessness at the time of the interviews.

Conclusion

The issue of homelessness is an intersectional, dynamic, and complex topic. Individuals experiencing homelessness likely experiencing forms of occupational injustice, particularly occupational deprivation, and chronic sleep deprivation. The field of OT has a basis for the following interventions stress management, well-being, chronic pain, education, life skills, post-traumatic stress disorder treatment, substance abuse, communication skills, money management, job skills, coping skills, reentry transitional support, independent living skills, role identity, and case management. OTP have demonstrated an ability and unique scope to work with individuals experiencing homelessness to improve engagement with occupations.

Needs Analysis

A needs analysis was completed prior to the start of this DCE using a Strengths, Weaknesses, Opportunities, and Threats model, which can be found in the appendix of this paper. Administration staff, program staff, front line staff, and members were interviewed for this assessment. Areas of strength for the organization included providing safety, basic need services and items, substance abuse and social work service, on-site primary care medical support, and compassionate, member-centered care. Weaknesses included boredom, no formal case management service, no group classes, no transitional living skills supports, staffing

shortage, and lack of interpreter services. Staff and members identified a community weakness as the lack of affordable housing. Opportunities that were identified included collaboration with social work, service desk, and security staff, incorporation of creative outlets, addressing independent living skills, increasing staffing covered, counseling, physical therapy services, “affinity” groups, and increasing member knowledge of services. Threats identified were barring of members, comorbid risk factors, scheduling of services, and the impact of COVID-19 on building capacity and sense of community.

Summary of Completed Work

My doctoral capstone experience was primarily to establish an OT program within MWC, a daytime homeless shelter and resource center in downtown Kalamazoo. The primary objectives, past the ACOTE established objectives, were to offer individualized one-on-one sessions with members, develop and offer group sessions for members, collaborate with team members, and assist with implementation of restorative justice programs at MWC.

Methods

Initially, I set up a table in the common area, after encouragement from a team member. I posted a sign explaining the role of OT. I had many members approach me to learn more. This also helped to promote my role to other staff members. I set up an outreach table a few more times but quickly found that the most natural approach for me was to circulate throughout the common areas. This allowed me to be more accessible and available for members to ask for help as well as check in on members and their unique needs. It also put me in a position to get to know other members on a proactive basis, which is beneficial when developing a restorative culture and deescalating conflict.

The number one question I received was “are you a social worker?” I would reply no but offered a summary of OT services, followed by something like “What is going on? Maybe I can help...” If their need was strictly a social work need (e.g., assistance with housing, identification, phone), I directed the individual to social work and explained our social work services. If it was not exclusively a social work service, I would gather an OT profile on the individual and consider what supports I could offer or direct them to. American Occupational Therapy Association defines an OT profile as a “summary of the client’s occupational history and experiences, patterns of daily living, interests, values, and needs” (2014). I documented each interaction, noting what we discussed, what education or intervention was provided. I converted these notes into themed interventions, as part of qualitative research approach called Grounded Theory Method. Grounded Theory Method is an approach to data collection where narrative information is transcribed, sorted, and coded into themes (Vanderkaay et al., 2020). I coded my themes as intervention needs of members. This has allowed me to collect qualitative data summarizing how I have spent my time here, or total count of time and themes, as well as population makeup, or themes by unique member needs.

Approximated Summary of Time, by week

- Group sessions - 10%
Included content preparation and actual session
- Collaboration - 15%
Included 1:1 supervisor meeting, programs meeting, external hosted meetings, and informal collaborative plan of care communication
- Restorative Justice Program Support - 15%
Included program data support, RJ planning meetings, creation of RJ principles document for organization, and barring meeting
- One-on-one Sessions - 50%
Included informal and formal sessions with members and data tracking for sessions
- Supplemental tasks – 20%
Included research of member conditions and development of capstone paper

Summary of One-on-One Session Data

Member Count & Number of Sessions

Table 1

Totals	
Members count	87
1:1 Sessions with Members	227

Themes (Interventions) Defined

Table 2

Themes (Interventions) Defined	
Acute physical rehab needs	Education and rehabilitation for short-term condition, typically required immediate medical care
Advocacy	Representation of a particular member or situation on their behalf
Case management	Evaluation, coordination, and connection plan of care
Chronic health condition management	Coaching, education, or other rehabilitation interventions to manage long term, persistent illness that is often influenced by lifestyle factors
Chronic pain management	Education and rehabilitation to manage persistent noncancerous pain
Cognitive process skills	Education, rehabilitation, and compensatory strategies to manage cognitive difficulties that impact participation in necessary tasks
Coping skills	Includes motivational interviewing, de-escalation, and active listening during member states of increased emotional distress
Independent living skills	Development of skills related to independent living abilities
Job Skills	Development of vocational or vocationally related abilities
Medication management	Education, coordination, or other approaches related to prescribed use of medication
Mental health management	Education, rehabilitation, and compensatory skills related to chronic mental health conditions
Money management	Coaching and development of sustainable financial skills
Substance abuse support	Education, coaching, and coordination of care for addiction and/or substance abuse related patterns
Upper extremity rehabilitation	Education, rehabilitation, compensatory strategies for acute and/or chronic upper extremity

Themes (Intervention Areas) Count by Individual Sessions

Table 3

Themes by Individual Sessions	
Acute physical rehab needs	15
Advocacy	10
Case management	70

Chronic health condition management	23
Chronic pain management	5
Cognitive processing skills	3
Coping skills	35
Independent living skills	8
Job Skills	21
Medication management	3
Mental health management	12
Money management	6
Substance abuse support	15
Upper extremity rehabilitation	6

Themes (Intervention Areas) Count by Member

Table 4

Themes Count by Member	
Acute physical rehab needs	9
Advocacy	4
Case management	31
Chronic health condition management	13
Chronic pain management	5
Cognitive processing skills	3
Coping skills	24
Independent living skills	5
Job Skills	12
Medication management	2
Mental health management	7
Money management	2
Substance abuse support	11
Upper extremity rehabilitation	3

Demographic Information

Gender Identity

Fifty three of the 87 members worked with identified as male, 28 of the 87 members identified as female, and 2 of 87 members identified as transgender female. Refer to figure 3 in the appendices.

Race and/or Ethnicity

41 of the 87 members identified as white or Caucasian, 35 of the 87 members identified as black or African American, 5 members identified as Hispanic or Latino. 4 of the 87 members did not identify their race or ethnicity

Age

The age range for members seeking OT service ranged from 21-71 years old, with the median age of 55 years old.

Findings

Data was collected from 1/4/2023-4/6/2023, representing work with a total of 87 members while at MWC and had a total of 227 one-on-one sessions. When reviewing data, case management had the highest use. Case management accounted for 30.2% of my one-on-one session time with members. Coping skills accounted for 15.1%, chronic health condition management accounted for 9.9%, and job skills accounted for 9.1%. Substance abuse support was utilized in 6.5% of sessions, acute physical rehabilitation needs in 6.5%, mental health management in 5.2%, advocacy in 4.3%, independent living skills in 3.4%, upper extremity rehabilitation in 2.6%, money management in 2.6%, chronic pain management in 2.2%, medication management in 1.3%, and cognition and process skills in 1.3%.

When looking at the member make up, or the population needs, case management was been utilized with 23.7% of OT service seeking members. Coping skills accounted for 18.3%, chronic health condition management accounted for 9.9%, and job skills accounted for 9.2%. Substance abuse support was utilized with 8.4% of members, acute physical rehabilitation needs in 6.9%, mental health management in 5.3%, independent living skills in 3.8%, chronic pain

management in 3.8%, advocacy in 3.1%, upper extremity rehabilitation in 2.3%, cognition and process skills in 2.3%, money management in 1.5%, and medication management in 1.5%.

This data encompassed only member-centered goals not the prevalence of these treatment needs within the population. This information can only summarize what interventions were beneficial for those engaged with OT service based on *their* goals. This data does not summarize the needs of anyone who has not sought out or been receptive to OT services, thus it is not a representation of MwC population needs, as a whole. Additionally, many members receive mental health support and substance abuse support through our current external partners. Should the involvement of these external partners change it is reasonable to assume this would result in an increased need in these intervention areas.

Finally, many other additional proactive relationships were established throughout the course of my DCE. If a member engaged with this OT student but did not have OT needs, then that was not counted within this data set. Refer to appendix for individual session data summary (figure 1), member data summary (figure 2), and demographic information summaries (figure 3 and 4).

Group Session Summary

On week two of my DCE, group sessions were introduced. Group sessions were regularly attended. On Mondays, an activity group is offered from 1-2:30 pm and was available for members to play card games, chess, checkers, draw, color, listen to music, and/or have a quiet and less crowded space to hang out. This was an important offering because it allowed me to build relationships with individuals who may not otherwise engage in OT service. Further, leisure activities are beneficial for improving quality of life.

On Thursday, a Life Skills and Resilience class was offered from 9-10 am. This focused on a variety of topics including job skills, stress management, and system level support. The topics are pre-planned however were member driven, with the content was often tailored to meet group member questions and needs.

Class participation ranged from 1 to 10 individuals for the Life Skills & Resiliency class and 2 to 12 people for the activity time. Recruitment for classes was done by using the overhead speaker to announce the content of the class, posted standing schedules, and by circulation throughout the member areas announcing to members and personally inviting members. Security often assisted with this task which helped promote more engagement as well.

Weekly Topics

1/19/2023: Job Skills

Introductory session & hard copy of resume

1/26/2023: Job Skills

Continuation of resume development, job hunting skills

2/2/2023: Job Skills with guest presenters from Michigan Works

MI Works provided information about programs and services

2/9/2023: Job Skills

Marketing job skills and interview questions

2/16/2023: Job skills with guest presenters from MI Leap

MI Leap, of Kalamazoo Valley Community College, provided information about their work training programs

2/23/2023: Job Skills

Individualized jobs training class

3/2/2023: Stress Management

Science of stress and member support

3/9/2023: Stress Management

Science of stress and member support continued

3/16/2023: Job Skills with guest presenters from MI Leap
MI Leap, of Kalamazoo Valley Community College, returned and provided information about their work training programs

3/23/2023: Community Resource Fair
The following agencies have attended: Gryphon Place, Kalamazoo Valley Community College MI Leap, Kalamazoo Defenders, Kalamazoo Literacy Council, and Kalamazoo County Identification Services

3/30/2023: Stress and Alcohol Abuse
Exploring the role of alcohol use in stress management

4/6/2023: Housing Question & Answer Session
MwC Social Worker and housing advocate Evelyn Thompson providing housing support, knowledge, and wisdom during Q & A session.

Restorative Justice Support Summary

As a part of my individualized objectives for my DCE and integrating my previous professional experience, I was able to support the development of the restorative justice program. This included data entry of barring data, program coaching, and assistance with the barring process. I have included a copy of a document created for the agency that summarizes restorative justice specific considerations.

Additionally, and as indicated by my data, I supported members and staff by working with members on coping skills. Often, this included deescalating members who were in a conflict with another member and thus at risk for barring. The barring process, while necessary for safety, limits the members ability to access many basic needs, or activities of daily living (ADLs) as referred to in the OT field. It removes the member from the MwC community and can harm the relationship with the member. The organization is working to addressing broken expectations while continuing to offer appropriate supports to members.

Note Regarding Data

It is worth noting again that the data collected reflects when members were provided some kind of intervention (e.g. information, education, stretches, health coaching, coping skills coaching, etc). This does *not* reflect the many proactive, purely relational conversations I participated in daily. While this is less measurable, it is worth noting the development of rapports with many members because positive relationships and sense of community are critical components for developing a restorative culture.

Objectives Achieved

The following objectives were met and achieved during the DCE: 1. Provide individualized, client-centered interventions for members to improve engagement in occupations. 2. Collaborate with service and support staff regarding member functional ability, independence, needs, and supports. 3. Offer group class and activity sessions aimed at addressing occupational deprivation and independent living barriers. 4. Support Ministry with Community team in developing an equitable, inclusive, and restorative workplace and barring process to reduce barriers to service.

Implications of Capstone

The DCE data collected suggests that OT has an important role to play in the advocacy and promotion of occupational therapy and occupational justice within a daytime shelter and resource center setting. The accessible, proactive nature of the outreach performed during this project was well received and resulted in 87 members receiving education, case management related services, and/or OT interventions to address their unique needs.

Sustainability

MwC would be an excellent and invaluable site for future OT doctoral or master's level students to complete a program project. Currently this site does not process Medicaid or insurance payments from members, so this would not be a viable funding option at this point. However, grant funding may make consistent OT premise possible. Toward the end of my DCE, MwC leadership staff encouraged me to create a proposal for creation of an OT program for consideration of future program development. The proposal is listed in the appendix of this paper.

Conclusion

This project was focused on OT program development, with a secondary focus on advocacy in a daytime homeless shelter setting. The DCE data collected suggests that intervention areas of case management, coping skills, chronic health condition management, and job skills were the most highly utilized amongst this setting population suggesting a role moving forward for OTPs within this setting. Contributions to the restorative justice program at this setting were beneficial at promoting occupational justice, addressing conflict, developing proactive relationships, and supporting organization development. The role of an OTP in a homeless shelter setting requires more quantitative research to strengthening the argument for the unique scope of OT in this setting.

References

- Aldrich, R., Boston, T. L., & Daaleman, C. E. (2017). Justice and U.S. occupational therapy practice: A relationship 100 years in the making. *The American Journal of Occupational Therapy*, 71(1), 7101100040p1–7101100040p5. <https://doi.org/10.5014/ajot.2017.023085>
- American Occupational Therapy Association. (2023). About AOTA mission and vision. AOTA. https://www.aota.org/about/diversity-equity-and-inclusion/~/link.aspx?_id=300B598284514C54A4B34A66CEC70852&_z=z
- Edgelow, M., MacPherson, M. M., Arnaly, F., Tam-Seto, L., & Cramm, H. A. (2019). Occupational therapy and posttraumatic stress disorder: A scoping review. *Canadian Journal of Occupational Therapy (1939)*, 86(2), 148–157. <https://doi.org/10.1177/0008417419831438>
- Fox, A., Anderson, M., Bartlett, G., Valverde, J., Starrels, J. , & Cunningham, C. (2014). Health Outcomes and Retention in Care Following Release from Prison for Patients of an Urban Post-incarceration Transitions Clinic. *Journal of Health Care for the Poor and Underserved*, 25(3), 1139–1152. <https://doi.org/10.1353/hpu.2014.0139>
- Gabrielian, S., Yuan, A., Andersen, R. M., McGuire, J., Rubenstein, L., Sapir, N., & Gelberg, L. (2013). Chronic Disease Management for Recently Homeless Veterans: A Clinical Practice Improvement Program to Apply Home Telehealth Technology to a Vulnerable Population. *Medical Care*, 51(3), S44–S51. <https://doi.org/10.1097/MLR.0b013e31827808f6>

Gezinski, L. & Gonzalez-Pons, K. “Unlocking the Door to Safety and Stability: Housing Barriers for Survivors of Intimate Partner Violence.” *Journal of Interpersonal Violence*, vol. 36, no. 17-18, 2021, pp. 8338–57, <https://doi.org/10.1177/0886260519851792>.

Gonzalez, A., (2021). Successful Transition to Life After Incarceration: A Pilot Program *The American Journal of Occupational Therapy*, 75(2), 7512510222p1.

<https://doi-org.libproxy.library.wmich.edu/10.5014/ajot.2021.75S2-RP222>

Gonzalez, A. & Tyminski, Q. (2020). Sleep deprivation in an American homeless population. *Sleep Health*, 6(4), 489–494. <https://doi.org/10.1016/j.sleh.2020.01.002>

Gutman, S., Barnett, S., Fischman, L., Halpern, J., Hester, G., Kerrisk, C., McLaughlin, T., Ozel, E., & Wang, H. (2019). Pilot Effectiveness of a Stress-Management Program for Sheltered Homeless Adults With Mental Illness: A Two-Group Controlled Study. *The American Journal of Occupational Therapy*, 73(4_Supplement_1), 7311520431–7311520431p1. <https://doi.org/10.5014/ajot.2019.73S1-PO5034>

Helfrich, C., Peters, C. Y., & Chan, D. V. (2011). Trauma Symptoms of Individuals with Mental Illness at Risk for Homelessness Participating in a Life Skills Intervention. *Occupational Therapy International*, 18(3), 115–123. <https://doi.org/10.1002/oti.308>

Hesselstrand, M., Samuelsson, K., & Liedberg, G. (2015). Occupational Therapy Interventions in Chronic Pain - A Systematic Review. *Occupational Therapy International*, 22(4), 183–194. <https://doi.org/10.1002/oti.1396>

Hwang, S. Wilkins, E., Chambers, C., Estrabillo, E., Berends, J., & MacDonald, A. (2011). Chronic pain among homeless persons: characteristics, treatment, and barriers to

management. *BMC Family Practice*, 12(1), 73–73. <https://doi.org/10.1186/1471-2296-12-73>

Illman, S., Spence, S., O'Campo, P. J., & Kirsh, B. H. (2013). Exploring the occupations of homeless adults living with mental illnesses in Toronto / Explorer les occupations d'adultes sans-abri atteints de maladies mentales vivant à Toronto. *Canadian Journal of Occupational Therapy* (1939), 80(4), 215–223. <https://doi.org/10.1177/0008417413506555>

Kannenberg, K. Neville, M., Buckingham, D., Kolodziejczak, S., Robinson, M., & Dorsey, J. (2018). Occupational therapy's role in case management. *The American Journal of Occupational Therapy*, 72(Supplement_2), 7212410050p1–7212410050p12. <https://doi.org/10.5014/ajot.2018.72S206>

Kerr, N., Ashby, S., Gerardi, S. M., & Lane, S. J. (2020). Occupational therapy for military personnel and military veterans experiencing post-traumatic stress disorder: A scoping review. *Australian Occupational Therapy Journal*, 67(5), 479–497. <https://doi.org/10.1111/1440-1630.12684>

Lagueux, E., Dépelteau, A., & Masse, J. (2018). Occupational Therapy's Unique Contribution to Chronic Pain Management: A Scoping Review. *Pain Research & Management*, 2018, 1–19. <https://doi.org/10.1155/2018/5378451>

McAllister, W., Lennon, M., and Kuang, Li. (2011). Rethinking research of forming typologies of homelessness. *American journal of public health*, 101. 596-601. <https://doi.org/10.2105/AJPH.2010.300074>

- Mattila, A., Santacecilia, G., & LaCroix, R. (2022). Perceptions and Knowledge Around Substance Use Disorders and the Role of Occupational Therapy: A Survey of Clinicians. *Substance Abuse : Research and Treatment*, *16*, 117822182211309–11782218221130921. <https://doi.org/10.1177/11782218221130921>
- Noguchi, T., Kyougoku, M., Kawakami, T., Nishimoto, Y., & Kashihara, K. (2021). Effect of Occupational Therapy Program to Promote Well-Being in People with Experiences of Mental Illness - Quasi-Experimental Study. *Occupational Therapy in Mental Health*, *37*(4), 386–402. <https://doi.org/10.1080/0164212X.2021.1957065>
- Paat, Y., Morales, J., Escajeda, A. I., & Tullius, R. (2021). Insights from the shelter: Homeless shelter workers' perceptions of homelessness and working with the homeless. *Journal of Progressive Human Services*, *32*(3), 263–283. <https://doi.org/10.1080/10428232.2021.1969719>
- Raphael-Greenfield, E. (2012). Assessing Executive and Community Functioning Among Homeless Persons with Substance Use Disorders Using the Executive Function Performance Test. *Occupational Therapy International*, *19*(3), 135–143. <https://doi.org/10.1002/oti.1328>
- Robinson, M., Fisher, T. F., & Broussard, K. (2016). Role of Occupational Therapy in Case Management and Care Coordination for Clients With Complex Conditions. *The American Journal of Occupational Therapy*, *70*(2), p1–p6. <https://doi.org/10.5014/ajot.2016.702001>

Stanley, M. & Cheek, J. (2003). Grounded Theory: Exploiting the Potential for Occupational Therapy. *The British Journal of Occupational Therapy*, 66(4), 143–150.

<https://doi.org/10.1177/030802260306600403>

Stone, B. Dowling, S., & Cameron, A. (2019). Cognitive impairment and homelessness: A scoping review. *Health & Social Care in the Community*, 27(4), e125–e142.

<https://doi.org/10.1111/hsc.12682>

Tayar, S. (2004). Description of a Substance Abuse Relapse Prevention Programme conducted by Occupational Therapy and Psychology Graduate Students in a United States Womens Prison. *The British Journal of Occupational Therapy*, 67(4), 159–166.

<https://doi.org/10.1177/030802260406700404>

Tsai, J., & Kelton, K. (2023). Service use and barriers to care among homeless veterans: Results from the National Veteran Homeless and Other Poverty Experiences (NV-HOPE) study. *Journal of Community Psychology*, 51(1), 507–515. <https://doi.org/10.1002/jcop.22912>

VanderKaay, S., Letts, L., Jung, B., & Moll, S. E. (2020). Doing what's right: A grounded theory of ethical decision-making in occupational therapy. *Scandinavian Journal of Occupational Therapy*, 27(2), 98–111. <https://doi.org/10.1080/11038128.2018.1464060>

Vogel, M., Choi, F., Westenberg, J. N., Cabanis, M., Nikoo, N., Nikoo, M., Hwang, S. W.,

Somers, J., Schütz, C. G., & Krausz, M. (2021). Chronic Pain among Individuals Experiencing Homelessness and Its Interdependence with Opioid and Other Substance Use and Mental Illness. *International Journal of Environmental Research and Public Health*, 19(1), 5. <https://doi.org/10.3390/ijerph19010005>

Whitbeck, L., Armenta, B. E., & Gentzler, K. C. (2015). Homelessness-Related Traumatic Events and PTSD Among Women Experiencing Episodes of Homelessness in Three U.S. Cities. *Journal of Traumatic Stress*, 28(4), 355–360. <https://doi.org/10.1002/jts.22024>

Appendix

Tables

Table 1

Totals	
Members count	87
1:1 Sessions with Members	227

Table 2

Themes (Interventions) Defined	
Acute physical rehab needs	Education and rehabilitation for short-term condition, typically required immediate medical care
Advocacy	Representation a particular member or situation on their behalf
Case management	Evaluation, coordination, and connection plan of care
Chronic health condition management	Coaching, education, or other rehabilitation interventions to manage long term, persistent illness that is often influenced by lifestyle factors
Chronic pain management	Education and rehabilitation to manage persistent noncancerous pain
Cognitive process skills	Education, rehabilitation, and compensatory strategies to manage cognitive difficulties that impact participation in necessary tasks
Coping skills	Includes motivational interviewing, de-escalation, and active listening during member states of increased emotional distress
Independent living skills	Development of skills related to independent living abilities
Job Skills	Development of vocational or vocationally related abilities
Medication management	Education, coordination, or other approaches related to prescribed use of medication
Mental health management	Education, rehabilitation, and compensatory skills related to chronic mental health conditions
Money management	Coaching and development of sustainable financial skills
Substance abuse support	Education, coaching, and coordination of care for addiction and/or substance abuse related patterns
Upper extremity rehabilitation	Education, rehabilitation, compensatory strategies for acute and/or chronic upper extremity

Table 3

Themes by Individual Sessions	
Acute physical rehab needs	15
Advocacy	10
Case management	70
Chronic health condition management	23
Chronic pain management	5
Cognitive process skills	3
Coping skills	35
Independent living skills	8
Job Skills	21
Medication management	3
Mental health management	12
Money management	6
Substance abuse support	15
Upper extremity rehabilitation	6

Table 4

Themes Count by Member	
Acute physical rehab needs	9
Advocacy	4
Case management	31
Chronic health condition management	13
Chronic pain management	5
Cognitive process skills	3
Coping skills	24
Independent living skills	5
Job Skills	12
Medication management	2
Mental health management	7
Money management	2
Substance abuse support	11
Upper extremity rehabilitation	3

SWOT Needs Analysis

Strengths	Weaknesses
<ul style="list-style-type: none"> · Safety · Basic needs services, i.e. showers, meals, mail, shelter, etc. · Basic needs items, i.e. hygiene products, menstruation products, condoms, clothing, gloves & hats, coats, etc. · Substance abuse support · Social workers · On-site primary care · Compassionate, member-centered care 	<ul style="list-style-type: none"> · Boredom/lack of activities · No formal case management services · No community, group, art, etc. classes · No independent living skill development for transitioning living · Community weakness of shortage of affordable housing · Staffing shortage – service staff aren’t able to work proactively · No interpreter services – does not reflect values to be inclusive & equitable
Opportunities	Threats
<ul style="list-style-type: none"> · Collaboration with social works, service desk, and security staff · Creative outlets · Independent living skill development · Increasing staffing to cover all hours open · Counseling · Physical therapy from WMU recent addition; opportunity to grow · “Affinity” groups (small, focused group offerings) · Increasing member knowledge of available services · Increasing relationship building and rapport efforts 	<ul style="list-style-type: none"> · CO-VID - reduced capacity in building & negatively impacted sense of community · Incarceration and/or hospitalization of members · Barring of members · Scheduling/consistency of service · Comorbid risk factors that compound, including relapse, infection, respiratory issues, etc.

Figures

Figure 1

Count of Individual Sessions by Intervention Theme

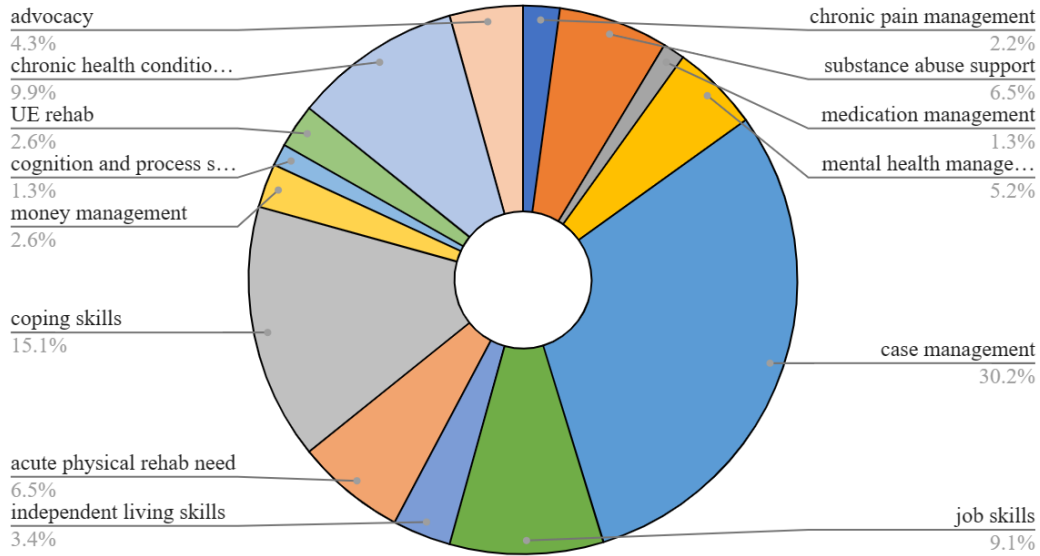


Figure 2

Count of Intervention Themes by Member

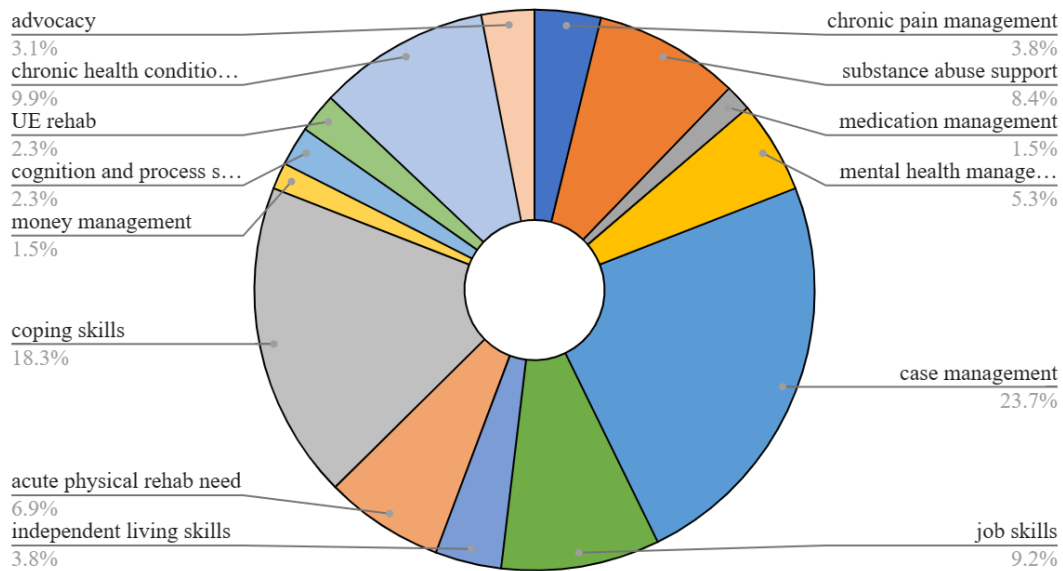
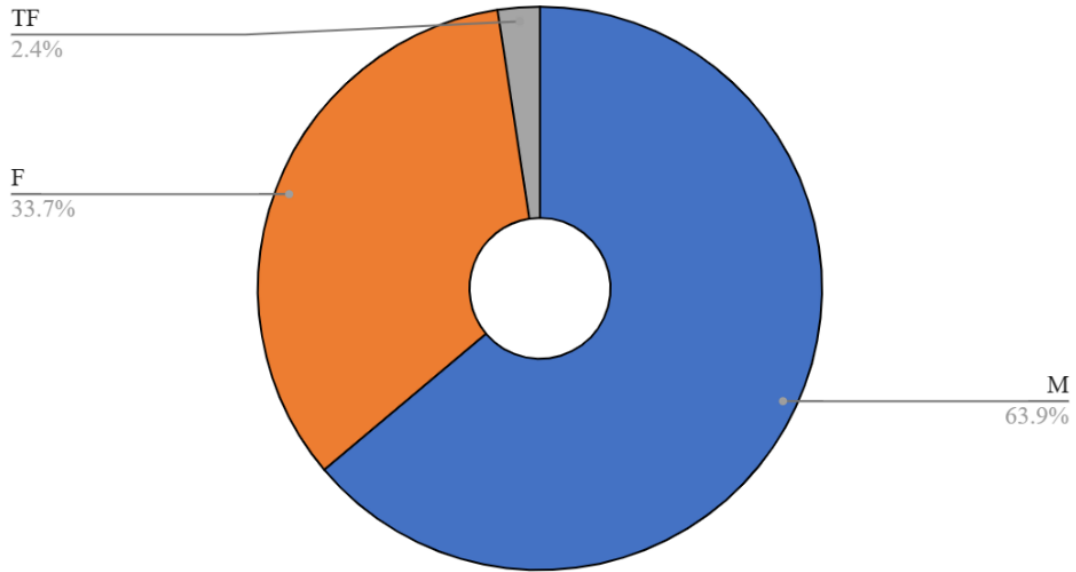
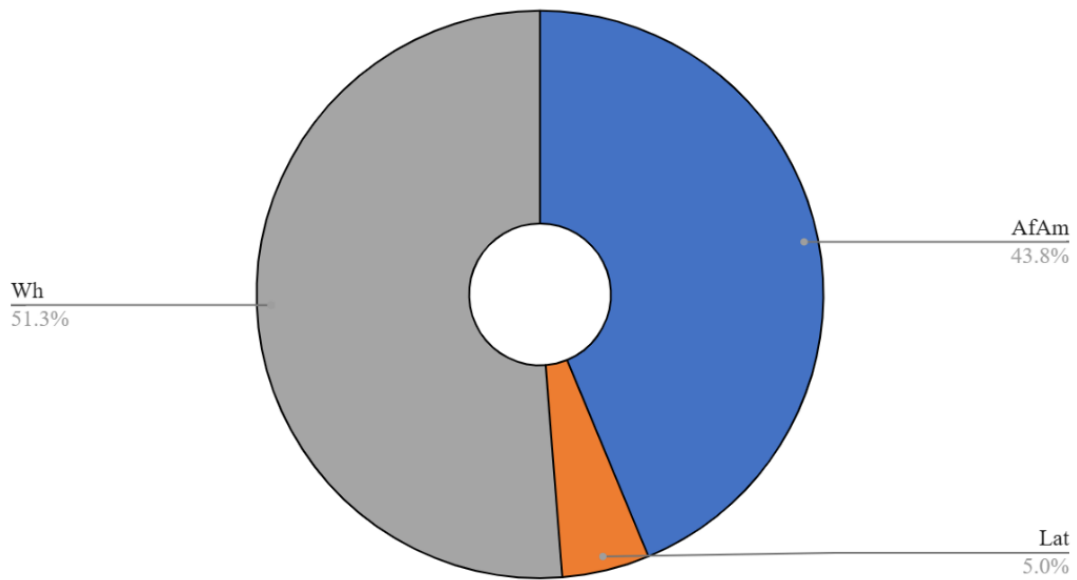


Figure 3 & 4

Gender Identity Demographics



Race and/or Ethnicity Demographics



Weekly Topics for Group Classes

1/19/2023: Job Skills

Introductory session & hard copy of resume

1/26/2023: Job Skills

Continuation of resume development, job hunting skills

2/2/2023: Job Skills with guest presenters from Michigan Works

MI Works provided information about programs and services

2/9/2023: Job Skills

Marketing job skills and interview questions

2/16/2023: Job skills with guest presenters from MI Leap

MI Leap, of Kalamazoo Valley Community College, provided information about their work training programs

2/23/2023: Job Skills

Individualized jobs training class

3/2/2023: Stress Management

Science of stress and member support

3/9/2023: Stress Management

Science of stress and member support continued

3/16/2023: Job Skills with guest presenters from MI Leap

MI Leap, of Kalamazoo Valley Community College, returned and provided information about their work training programs

3/23/2023: Community Resource Fair

The following agencies have attended: Gryphon Place, Kalamazoo Valley Community College MI Leap, Kalamazoo Defenders, Kalamazoo Literacy Council, and Kalamazoo County Identification Services

3/30/2023: Stress and Alcohol Abuse

Exploring the role of alcohol use in stress management

4/6/2023: Housing Question & Answer Session

MwC Social Worker and housing advocate Evelyn Thompson providing housing support, knowledge, and wisdom during Q & A session.

Restorative Principles to Consider Integrating into Barring Process and Culture

These items are NOT listed by importance

- Consider the power imbalance: physical structure, number of staff in meeting, greeting process, welcome back process, and return date process.
- Focus on the impact of the actions:
 - Who was harmed?
 - What are their needs?
 - Intention is not unimportant but it should not be central to the conversation or decision regarding barring length.
- Holistic needs, strengths, and limitations of the individual
 - What is known about the member's strength and challenges?
 - What are the member's goals? (May not apply to all members especially those who are not frequent users of services)
 - Frame behaviors as actions vs choices.
- The barring process currently does not bring those harmed together with those who have harmed (though not all CEs broken involve other members or staff). It is reasonable, then, to state the barring process serves as the voice of those harmed, the voice of accountability.
- Consider how those involved may be brought together
 - Cases involving harassment or controlling, abusive relationships are typically not appropriate due to risk of revictimization
 - If a formal conference is decided upon, this should only be done by someone with training and/or experience.
 - There are more opportunities to do informal, "on-the-fly" restorative conflict resolution.
- Provide more training to staff
 - Staff already do plenty of conflict resolution. This is a strength area to build upon.
 - It would only benefit staff and members to provide additional training and tools for managing conflict.
- Expectations and accountability are as important as support; In cases where individuals will not accept support (regardless of ability or choice), accountability should not be removed.
 - It is important to consider the individual's holistic needs; accountability, like all things, is not one size fits all. It is imperative for safety and integrity of the agency that accountability not be compromised.
- Breaking community expectations should be considered as a violation to relationships and the community here.
- Communication is powerful and is much more than our words. Consider all areas to look for ways to include restorative language.
- Continued positive support and relationship with the member improves the sense of community.
 - Consider: how motivating is it to follow expectations for a community if you do not feel you are wanted or part of that community?

Proposal for a Temporary Occupational Therapy Program Development Role

Proposal for a Temporary Occupational Therapy Program Development Role

Ruth Garcia

April 8th 2023

Occupational Therapy Doctoral Student

Western Michigan University

Introduction

This is a proposal for paid extension of the current occupational therapy (OT) work being done at Ministry with Community (MwC). Occupational therapy is an allied health profession centrally focused on improving an individual's ability to participate in meaningful daily activities. I completed my OT program's doctoral capstone experience (DCE) January 2nd 2023 through April 10th 2023. The DCE is a requirement for credentialed Occupational Therapy Doctoral programs, such as the one I attend at Western Michigan University. This proposed short term (8-12 week) Program Development position would allow time, skill, and capacity to create an ongoing outreach clinician role. The Outreach Clinician role would, ideally, be filled with an Occupational Therapist. Going off my DCE data and case study examples, this role was beneficial to MwC; this included working with 87 members completing over 200 sessions. However, this proposal also includes alternative implementation ideas to address the areas for improvement observed during my time with MwC.

Target Population

Creation of an OT program, or otherwise proactive, holistic clinical program, would be aimed at addressing unmet member needs and supplementing social work connected members through an interdisciplinary care model. OT has a unique scope and expertise to consider an individual's psychosocial factors, physical strengths, and limitations, and importantly, *functional* cognitive capacity. Another way to put this is that OTs are experts at analyzing the individual, their environment, and their activities and developing individualized goals at a "just-right" challenge. I have included case study examples below under the heading "member case studies."

Areas for Improvement

During my DCE with MwC, I was consistently impressed with the deep care and compassionate service provided to members. It is with equal respect and compassion that I bring to attention problems that are not currently being addressed within the standing roles and structure. I would like to offer insight and possible solutions.

Here is a summary of the areas of improvement that I have observed:

- Proactive service outreach resulting in missed opportunity for connection, decreased sense of well-being for members, and increased volume for social work services.
- Proactive relationship building with program staff; proactive relationships are a vital component of created a restorative, inclusive community, and culture.
- Limited psychosocial, strengths based, and holistic service connections which decreases the ability to provide appropriate and individualized supports.
- High member volume seeking service resulting in attrition of service and member beliefs on efficacy of service (e.g. "I won't get seen by social work even if I try").
- Community awareness of the mission, vision, and culture of Ministry with Community (i.e. often conflated from Kalamazoo Gospel Mission) resulting in decreased community support, funding, and most importantly, member outreach.

- While anecdotal, this has been my experience in speaking with members, community members, and even funding partners (such as Kalamazoo Community Foundation).

Addressing these areas would not only advance the agency's vision of creating a more restorative, inclusive, and proactive community resource center, but would also advance the mission of empowering individuals toward positive changes.

The objective of this proposal is to allow for a temporary (approximately 8-12 week) program development position that would address the following goals:

- Direct service provided to members for OT related needs
- Continuation of psychosocial and activity group sessions during the duration of the temporary position
- Continuation of staff collaboration and support
- Continuation of community outreach
- Funding outreach for development of a long-term clinician position
- Program model development that could include:
 - Proactive outreach to members
 - Visibility and accessibility with member population
 - Holistic member needs not already be addressed through social work services, such as acute and chronic health condition management, coping skills, and independent living skills
 - Increased capacity for case management
 - Community outreach
 - Student and volunteer mentorship through increased capacity and onsite OT mentor
 - Increased capacity to network with external agency communication, advocacy, and outreach, including but not limited to:
 - YWCA
 - WMU Street Med Team
 - Kalamazoo Defenders
 - Kalamazoo Department of Public Safety
 - Integrated Services of Kalamazoo
 - Disability Network

Alternatively, these needs could be met through several, varied solutions:

- Increased visibility of program and administration staff with members
- Virtual video sessions for the remote program staff to increase capacity for social work specific needs or other means of increased remote staff accessibility
- Evaluation of pay for staff
- Consideration of rebranding and renaming MwC as an agency
- Increased social media presence regarding MwC services

Anticipated outcome from adopting solutions:

If members were to have continuation of OT services, then there is likely to be an increased or maintained sense of community, proactive support, and goal actualization potential.

If members have increased access to program staff, then social work will have decreased attrition rate due to improve awareness of service and redirected care where possible.

If members have chronic and acute health and rehabilitation needs supported, then members will be more readily able to address social service and higher functioning needs.

If MWC were to rebrand image and/or name, then MWC may have increase opportunity for funding, prospective member utilization, and awareness within community about culture and mission of the organization.

If one-on-one sessions were to continue, then continuation of care would be maintained for 60+ members.

If proactive, holistic needs are more readily met with members, then security and service desk staff will have increased support with members resulting in decreased role related stress and reduced conflict.

Unmet Needs

Team members in the Programs department are already working hard to achieve their assigned tasks, yet frequently the need for service is greater than the availability according to social worker staff, members, and the program director. Members are routinely turned away from service or are not able to be seen, solely based on the sheer volume of members seeking services.

My DCE data reflects that there are areas not currently being addressed or fully being addressed by any program team members. My DCE data reflected case management, coping skills, chronic condition management, and job skills are amongst the highest utilized occupational therapy interventions provided during my time with MWC. Addressing these unmet needs would improve the quality and effectiveness of member service. Summary of all intervention categories can be found below in the one-on-one data summary section.

Additionally, as mentioned above, MWC is underappreciated within the broader community networks and is often conflated with other organizations who service similar patrons. Increased community outreach would not only benefit member needs but would improve funding opportunities, volunteer outreach, and employee talent pool. One primary example of this is when recently attending a Truth, Racial Healing, and Transformation Law Design meeting, a program director stated she knew little about MWC other than “I’ve always thought it was the same as KGM – like NOT good.”

Summary of My Current Occupational Therapy Doctoral Capstone Experience

My DCE was a full-time 14-week OT project in program development with a secondary focus in advocacy for a total of 560 hours. My main objectives were to establish an OT program within MWC that offered individualized one-on-one sessions with members, develop group sessions for members, collaborate with team members, and assist with implementation of restorative justice program at MWC.

Methods

Initially, I set up a table in the common area, after encouragement from a team member here. I posted a sign explaining the role of OT. I had many members approach me to learn more. This also helped to promote my role to other staff members. I set up an outreach table a few more times but quickly found that the most natural approach for me was to circulate throughout the common areas. This allowed me to be more accessible and available for members to ask for help as well as check in on members and their unique needs. It also put me in a position to get to know other members on a proactive basis, which is beneficial when developing a restorative culture.

The number one question I received was “are you a social worker?” I would reply no but offer a summary of OT services, followed by something like “what’s going on? Maybe I can help...” If their need was strictly a social work need (e.g. assistance with housing, identification, phone), I directed the individual to social work and explained our social work services. If it was not exclusively a social work service, I would gather an OT profile on the individual and consider what supports I could offer or direct them to. American Occupational Therapy Association defines an OT profile as a “summary of the client’s occupational history and experiences, patterns of daily living, interests, values, and needs” (2014). I documented each interaction, noting what we discussed, what education or intervention was provided. I converted these notes into themed interventions, as part of qualitative research approach called Grounded Theory Method. Grounded Theory Method is an approach to data collection where narrative information is transcribed, sorted, and coded into themes (Vanderkaay et al., 2020). I coded my themes as intervention needs of members. This has allowed me to collect qualitative data summarizing how I have spent my time here, or total count of time and themes, as well as population makeup, or themes by unique member needs.

Approximated Summary of Time Spent, by week

- Group sessions - 10%
Includes preparation and actual session
- Collaboration - 20%
Includes 1:1 supervisor meeting, programs meeting, external hosted meetings, and informal collaborative plan of care communication
- Restorative Justice Program Support - 20%
Includes program data support, RJ planning meetings, and barring meeting
- One-on-one Sessions - 50%

Includes informal and formal sessions with members and data tracking for sessions

Summary of One-on-One Session Data:

Data collected from 1/4/2023-4/6/2023

Member & Session Count

Members who has received OT service	87
Individual OT Session Count	227

Theme (Intervention Areas) Defined

Themes, total count	
Acute physical rehab needs	Education and rehabilitation for short-term condition, typically required immediate medical care
Advocacy	Representation a particular member or situation on their behalf
Case management	Evaluation, coordination, and connectiong plan of care
Chronic health condition management	Coaching, education, or other rehabilitation interventions to manage long term, persistent illness that is often influenced by lifestyle factors
Chronic pain management	Education and rehabilitation to manage persistent noncancerous pain
Cognitive process skills	Education, rehabilitation, and compensatory strategies to manage cognitive difficulties that impact participation in necessary tasks
Coping skills	Includes motivational interviewing, de-escalation, and active listening during member states of increased emotional distress
Independent living skills	Development of skills related to independent living abilities
Job Skills	Development of vocational or vocationally related abilities
Medication management	Education, coordination, or other approaches related to prescribed use of medication
Mental health management	Education, rehabilitation, and compensatory skills related to chronic mental health conditions

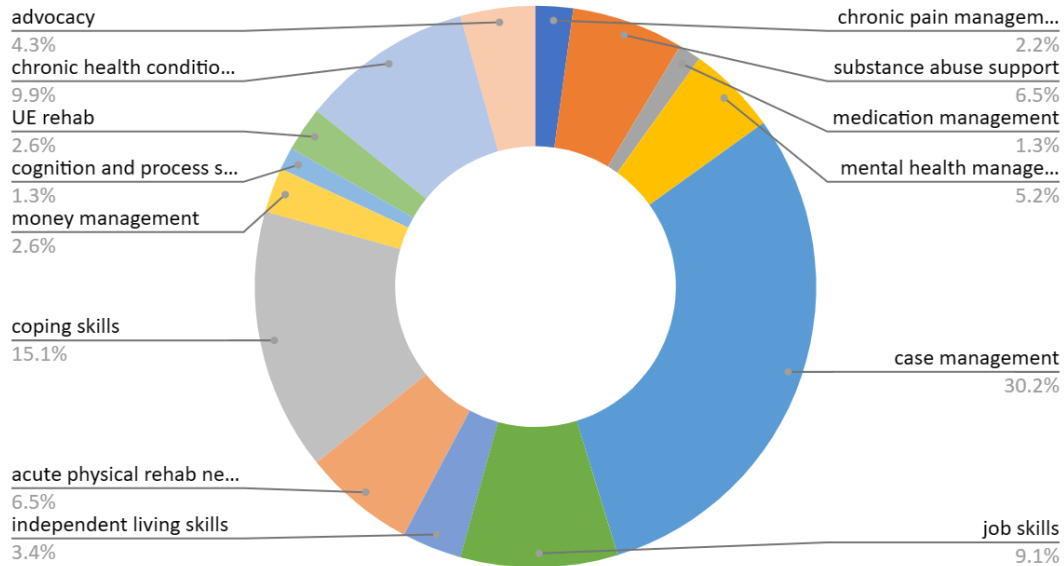
Money management	Coaching and development of sustainable financial skills
Substance abuse support	Education, coaching, and coordination of care for addiction and/or substance abuse related patterns
Upper extremity rehabilitation	Education, rehabilitation, compensatory strategies for acute and/or chronic upper extremity

Themes (Intervention Areas) Count, Total

Themes, total count	
Acute physical rehab needs	15
Advocacy	10
Case management	70
Chronic health condition management	23
Chronic pain management	5
Cognitive process skills	3
Coping skills	35
Independent living skills	8
Job Skills	21
Medication management	3
Mental health management	12
Money management	6
Substance abuse support	15
Upper extremity rehabilitation	6

Theme Count by Individual Sessions

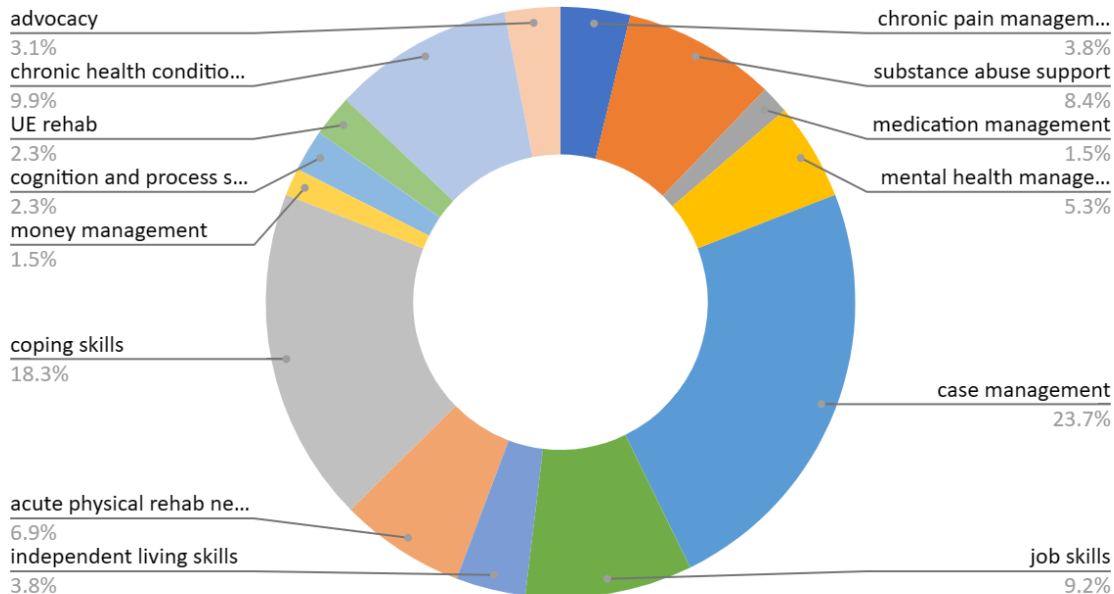
Themes



(Intervention Areas), by Members Who Utilized Service

Themes, by member	
Acute physical rehab needs	9
Advocacy	4
Case management	31
Chronic health condition management	13
Chronic pain management	5
Cognitive process skills	3
Coping skills	24
Independent living skills	5
Job Skills	12
Medication management	2
Mental health management	7
Money management	2
Substance abuse support	11

Theme Count by Members



Interventions Provided

I worked with a total of 87 members while at MwC and had a total of 227 one-on-one sessions. When reviewing how my time was spent here, case management had the highest use of my time. Case management accounted for 30.2% of my one-on-one session time with members. Coping skills accounted for 15.1%, chronic health condition management accounted for 9.9%, and job skills accounted for 9.1%. Substance abuse support was utilized in 6.5% of sessions, acute physical rehabilitation needs in 6.5%, mental health management in 5.2%, advocacy in 4.3%, independent living skills in 3.4%, upper extremity rehabilitation in 2.6%, money management in 2.6%, chronic pain management in 2.2%, medication management in 1.3%, and cognition and process skills in 1.3%.

When looking at the member make up, or the population needs, case management has been utilized with 23.7% of OT service seeking members. Coping skills accounted for 18.3%, chronic health condition management accounted for 9.9%, and job skills accounted for 9.2%. Substance abuse support was utilized with 8.4% of members, acute physical rehabilitation needs in 6.9%, mental health management in 5.3%, independent living skills in 3.8%, chronic pain management in 3.8%, advocacy in 3.1%, upper extremity rehabilitation in 2.3%, cognition and process skills in 2.3%, money management in 1.5%, and medication management in 1.5%.

This data encompassed only member-centered goals not the prevalence of these treatment needs within the population. In other words, this information can only summarize what

interventions were beneficial for those engaged with OT service based on *their* goals. This data does not summarize the needs of anyone who has not sought out or been receptive to OT services, thus it is not a representation of MWC population needs, as a whole. Additionally, many members receive mental health support and substance abuse support through our current external partners. Should the involvement of these external partners change it is reasonable to assume this would result in an increased need in these intervention areas.

Finally, many other additional proactive relationships were established throughout the course of my DCE. If a member engaged with this OT student but did not have OT needs, then that was not counted within this data set.

Group Session Summary

On week two of my DCE, group sessions were introduced. Group sessions were regularly participated. On Mondays, an activity group was offered from 1-2:30 pm and will continue to be available for members to play card games, chess, checkers, draw, color, listen to music, and/or have a quiet and less crowded space to hang out. This was an important offering because it allowed me to build relationships with individuals who may not otherwise engage in OT service. Further, leisure activities are beneficial for improving quality of life, addressing chronic boredom, and addressing occupational injustice.

On Thursday, a Life Skills and Resilience class was offered from 9-10 am. This focused on a variety of topics including job skills, stress management, and system level support. The topics are pre planned however are member driven, meaning the content was often tailored to meet group member questions and needs. The class is scheduled to continue as well.

Both classes will be supported by the Steph Guyor, Restorative Justice Coordinator, who has assisted with the sessions throughout my DCE.

Weekly Topics:

1/19/2023: Job Skills

Introductory session & hard copy of resume

1/26/2023: Job Skills

Continuation of resume development, job hunting skills

2/2/2023: Job Skills with guest presenters from Michigan Works

MI Works provided information about programs and services

2/9/2023: Job Skills

Marketing job skills and interview questions

2/16/2023: Job skills with guest presenters from MI Leap

MI Leap, of Kalamazoo Valley Community College, provided information about their work training programs

2/23/2023: Job Skills
Individualized jobs training class

3/2/2023: Stress Management
Science of stress and member support

3/9/2023: Stress Management
Science of stress and member support continued

3/16/2023: Job Skills with guest presenters from MI Leap
MI Leap, of Kalamazoo Valley Community College, returned and provided information about their work training programs

3/23/2023: Community Resource Fair
The following agencies attended: Gryphon Place, KVCC MI Leap, Outside Nation, Outfront, Kalamazoo Defenders, Kalamazoo Literacy Council

3/30/2023: Stress Management
Alcohol and Stress

4/6/2023: Housing Question & Answer Session
MwC's Social Worker Evelyn Thompson provided housing expertise

Class participation ranged from 1 to 10 individuals for the Life Skills & Resiliency class and 2 to 12 people for the activity time. Recruitment for classes was done by using the overhead speaker to announce the content of the class, through posted standing schedules, and by circulating throughout the member areas announcing and personally inviting members to join. Security often assisted with this task which helped promote more engagement as well.

Restorative Justice Support Summary

As a part of my individualized objectives for my DCE and due to my previous professional experience, I was able to support the development of the restorative justice program. This included data entry of barring data, program coaching, and participation in the barring process. I have included a summary of my restorative justice specific considerations at the end of this proposal.

Additionally, and as indicated by my data, I supported members and staff by working with members on coping skills. Often, this included deescalating members who were in a conflict with another member and thus at risk for barring. The barring process, while necessary for safety, cuts off the members ability to access many basic needs, or activities of daily living (ADLs) as referred to in the OT field. It removes the member from the MwC community and can harm the relationship with the member.

Note Regarding Data

It is worth noting again that the data collected reflects when members were provided some kind of intervention (e.g. information, education, stretches, health coaching, coping skills coaching, etc). This does *not* reflect the many proactive, purely relational conversations I participate in on a daily basis. While this is less measurable, it is, again, worth noting the development on a consistently positive rapport with many members. Positive relationships and sense of community is a critical and foundational aspect for developing a restorative culture.

Member Case Study Examples

Redacted for Privacy of Members

Justification for Temporary Position

MWC may not have the funding to immediately implement a long-term position given the not-for-profit nature of the agency. The short-term position could address the need, the time, and “leg work” to develop and fund a long-term clinician role. Alternatively, parts of the proposed long-term position could be added to the workload of existing program staff and front-line staff or the funding and development tasks could be added to one or two individuals’ roles with the same goal of increasing program staff capacity and member service through an additional clinician role.

Qualifications for Proposed Program Development Role

Ideal candidates for the program development role would have the following experience areas:

- Client-centered, trauma-informed, and holistic intervention
- Community outreach
- Grant writing and reporting
- Program development
- Health and Wellbeing coaching
 - Such as, acute and chronic health management
 - Coping skills and stress management strategies
 - Could include coaching of staff in addition to members
- Formal or informal case management
 - Including follow up with member goals, advocating for members as needed)
 - Referral to external agencies
- Strong interpersonal skills
 - Including knowledge of mental illness, substance abuse, domestic violence, and de-escalation strategies.

Qualifications for Outreach Clinician Role

Once the program has been developed through the temporary role, recruitment for the long-term Outreach Clinician role could begin. The role is recommended regardless of approval for program development role. The ideal candidate for the Occupational Therapy Practitioner or Outreach Clinician would have the following experience:

- Client-centered, trauma-informed, and holistic intervention
- Community outreach
 - Health and Wellbeing coaching
 - Including acute and chronic health management
- Coping skills and stress management strategies
- Formal or informal case management activities
 - Including follow up with member goals, advocating for members as needed)
- Data tracking and grant reporting
- Strong interpersonal skills
 - Including knowledge of mental illness, substance abuse, domestic violence, and de-escalation strategies.

These qualifications make Occupational Therapy the optimal discipline to fill this role, though any qualified applicants should be considered.

Program Model Summary

This summary will include both the outline of the temporary, program development position as well as the long-term outreach clinician role.

Program Development Role & Responsibilities

- Continue establish OT services, including group sessions, one-on-one sessions, collaborative communication with other staff and external agencies, and assistance with restorative justice program needs
- Increased presence in community outreach opportunities to promote awareness and support of MWC services
- Assist Development Director with research, apply, and secure additional funding for Outreach Clinician Role
- Development of Outreach Clinician Role Posting; recruitment and interviewing for Outreach Clinician Role

Outreach Clinician Role & Responsibilities (Tentative)

- Recommendation of full-time role
- Continue establish OT services, including group sessions, one-on-one sessions, collaborative communication with other staff and external agencies, and assistance with restorative justice program needs
- Increased presence in community outreach opportunities to promote awareness and support of MWC services
- Development of goal paths for members
- Support MWC by evaluating barriers and strengths of organization as well as members
- Recruit, train, and mentor intern and volunteer staff

Logic Model

See attached models outlining extension of service and OT program services explained.

Proposed Pay Rate for Temporary Program Development Role

The proposed pay rate for the temporary Program Development Role is \$20/hr signed in at a 8-12 week contract. This would amount to an approximated cost of \$7,000 to \$10,000.

The proposed pay rate for the long-term Clinician Outreach Role should be no lower than \$60,000/year with benefits to ensure this position is sustainable and receives a competitive applicant pool. This is a competitive pay rate and commensurate with similar OT roles, such as at the Kalamazoo Psychiatric Hospital. This rate is dependent, of course, on the ability to secure the appropriate funding for this role. Alternatively, if unable to secure a competitive rate, this role could be proposed at a part time status or additional pay could be provided to current staff who are able to increase their workload.

Potential Funding Sources

Kalamazoo Community Foundation

Stryker Johnson Foundation

United Way (future grant opportunities, next application cycle is Fall 2025)

AMBUCS (student funding opportunity only)

The American Occupational Therapy Foundation

Religious organizations

Local, state, or federal government

Other methods to research grant funding includes contacting other OT clinicians who are working in similar settings regarding their funding source.

Release of Content

Regardless of approval or denial of this proposal, this information may be shared or copied by MWC staff if it helps to progress the mission and vision of MWC forward.

Acknowledgements

I thank you for taking the time to review my proposal for creating a temporary Program Development Role with the long-term goal of developing an Outreach Clinician Position. I hope this proposal may be useful for evaluation of roles and role development. I am incredibly grateful for my time and experience at Ministry with Community.

I hope you will consider implementation on one of the recommended levels to address areas of proactive, holistic, and empowerment centered member care. Please reach out if you have any questions or concerns.

Kind regards,

Ruth Garcia

*Occupational Therapy Doctoral Student
Western Michigan University
(269) 330-0075*