

AN EXPLORATION OF THE HOMELESS EXPERIENCE FROM AN
OCCUPATIONAL THERAPY PERSPECTIVE

A DISSERTATION

SUMMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE
DEGREE OF DOCTOR OF PHILOSOPHY
IN THE GRADUATE SCHOOL OF THE
TEXAS WOMAN'S UNIVERSITY

COLLEGE OF HEALTH SCIENCES

BY

DON MICHAEL BRADLEY, BBA, MS, MOT

DENTON, TEXAS

MAY 2009

ACKNOWLEDGEMENTS

First of all, I would like to thank Dr. Gayle Hersch for “adopting” me and my project after the unfortunate passing of Dr. Spencer. She has taught me much about the research process and how to keep pushing along, even when times get tough. I will forever be indebted for her patience and guidance during this journey.

I would like to thank my committee members as well. I thank all of you for taking the time to critique my work and offering suggestions that improved the outcome of this project.

I would like to especially thank the residents of the homeless shelter for sharing information about their lives with me. I thank Dr. Dick Druary, Lionese Young, and all the staff from the homeless shelter for allowing me to step into their lives knowing I would be the only beneficiary from this interaction.

I would also like to thank all of my former classmates and professors in the doctoral program for allowing me to join you on this journey. Your encouragement and support was and always will be appreciated. I also would be remiss if I did not take time to thank my two wonderful children for their support and encouragement throughout this doctoral program. Without their love and support, my life would not be complete. There also many friends and family members who encouraged me along the way, and I thank you as well.

Finally, I would like to thank Dr. Jean Spencer posthumously. She was an advisor, mentor, professor, and a friend. I am glad that I was blessed enough to know her.

ABSTRACT

AN EXPLORATION OF THE HOMELESS EXPERIENCE FROM AN OCCUPATIONAL THERAPY PERSPECTIVE

DON MICHAEL BRADLEY

MAY 2009

The purpose of this dissertation is to study the experience of homelessness from an occupational therapy perspective. Three studies are proposed in order to gain an increased understanding of homelessness. The three studies examined: the concepts of occupation, adaptation, roles, habits, and contexts of homelessness through a metasynthesis of the literature; the occupational participation of homeless individuals regarding their roles, habits, and contexts; and homeless individuals through an Occupational Adaptation perspective focusing on the adaptive response system.

The meta-synthesis provided details from the original research reports concerning the inclusion/exclusion of several occupational therapy concepts; and gave a synthesis for future researchers to evaluate the occupational therapy literature regarding homelessness. The results of the second study revealed that the participants had problems facilitating participation in occupation. The third study revealed a dysfunction in the occupational adaptation process of a homeless individual which resulted in his inability to respond to occupational challenges adaptively or masterfully.

TABLE OF CONTENTS

ACKNOWLEDGEMENTS.....	iii
ABSTRACT.....	v
LIST OF TABLES	viii
LIST OF FIGURES	ix
Chapter	
I. INTRODUCTION	1
Statement of the Problem	1
Statement of the Purpose.....	2
Study I	3
Study II.....	3
Study III.....	3
II. BACKGROUND AND SIGNIFICANCE.....	5
Description of the Homeless Population.....	6
Model of Human Occupation and the OCAIRS.....	8
Occupational Adaptation.....	9
Significance	10
III. OCCUPATIONAL THERAPY AND HOMELESSNESS: A META-SYNTHESIS. 11	
Statement of the Purpose.....	12
Methods.....	12
Data Sources.....	13
Data Analysis	14
Findings.....	15
Perspectives on Homelessness.....	19
Lived Experiences.....	21
Student Fieldwork Experiences with the Homeless.....	24
Life Skills.....	26
Model of Practice and Homelessness	28
Reflections on the Metasynthesis.....	31
Limitations	32
Conclusion	32

IV. OCCUPATIONAL PARTICIPATION OF HOMELESS INDIVIDUALS	35
Selection of Participants.....	37
Data Collection Instrument	38
Results	40
Limitations	42
Discussion	43
Implications for Practice	45
Conclusion.....	47
V. OCCUPATIONAL ADAPTATION AND HOMELESSNESS	48
Methods.....	51
Design	51
Sample.....	52
Case Study.....	53
Discussion	54
Conclusion.....	57
VI. CONCLUSION AND IMPLICATIONS	59
Findings.....	59
Implications for Practice	61
Research Recommendations	64
Final Thoughts.....	65
REFERENCES	67
APPENDICES	
A. OCAIRS.....	78
B. IRB and Consent Forms.....	87
C. Publication Correspondence	103

LIST OF TABLES

Table	Page
1. Summary of the Studies	15
2. OCAIRS Sample Questions.....	39

LIST OF FIGURES

Figure	Page
1. OCAIRS findings.....	41

CHAPTER I

INTRODUCTION

Statement of the Problem

The *Occupational Therapy Practice Framework: Domain and Process* (OTPF, 2002, 2008) states that occupational therapy is an evolving profession and that the roles and contributions of occupational therapy to society have continued to expand into non traditional type settings. According to Finlayson, Baker, Rodman, and Herzberg, (2002) “the everyday practice of many occupational therapists has expanded to include work with people who would have been unlikely to have contacted an occupational therapist in the past” (p. 313). People who are homeless are one of the groups the authors describe.

In addition, in the past the American Occupational Therapy Association (AOTA) identified working with homeless shelters as an emerging area of practice on its website. The website reported that occupational therapists can work as consultants and assist in providing programs to homeless shelters (AOTA, n.d.). Homeless individuals may present occupational therapists with a different set of circumstances and challenges as opposed to clients normally seen in the more traditional hospital or outpatient settings. The occupational environments (including work, leisure, and self-care performance areas as well as the physical, social, and cultural contexts) are going to be different for the homeless population. For example, discharge planning for homeless clients who are

without health insurance, adequate financial resources, and permanent housing will almost certainly present a challenge in obtaining items such as durable medical equipment and follow-up therapy services. While occupational therapists have acknowledged the need to become active in providing meaningful interventions for homeless individuals, minimal resources may be available to therapists to formulate such interventions.

Statement of the Purpose

The overall purpose of this dissertation is to study the experience of homelessness from an occupational therapy perspective. Three studies are proposed. The purpose of each of the three studies is as follows:

1. To explore the concepts of occupation, adaptation, roles, habits, and contexts of homelessness through a metasynthesis of the literature
2. To investigate the occupational participation of homeless individuals regarding their roles, habits, and contexts.
3. To analyze homeless individuals through an Occupational Adaptation perspective focusing on the adaptive response system.

This researcher foresees that through these three studies an increased understanding of the homeless experience will occur. The first study provides a synthesis of the current occupational therapy literature regarding homelessness. The second study examines the occupational participation of homeless individuals with regard to their (a) volition; (b) recurrent patterns, i.e., roles and habits, in their everyday lives; (c) capacity for

occupational performance; and (d) physical and social environments. The third study describes the internal adaptation process, occupational environments, and occupations of homeless individuals. Together, the three studies examine the experience of homelessness with an occupational therapy focus that should contribute to the knowledge base of this emerging area of practice.

Study I

The purpose of the first study was to examine the occupational therapy literature regarding homelessness via a metasynthesis. The specific aims of this study were: (a) to gain an understanding of the occupational therapy literature as it pertains to the homeless, (b) to explore the concepts of occupation, adaptation, roles, habits and environment in the occupational therapy literature regarding the homeless, and (c) to synthesize the occupational therapy literature regarding the homeless for future research.

Study II

The purpose of the second study was to investigate the occupational participation of homeless individuals regarding their roles, habits, and contexts. The specific aims of the second study were to examine homeless individuals with regard to their (a) volition; (b) recurrent patterns, i.e. roles and habits, in their everyday lives; (c) capacity in occupational performance areas; and (d) physical and social environments.

Study III

Study II, provides data concerning the environment, performance for capacity, volition, and habituation of homeless individuals from a Model of Human Occupation

(MOHO) perspective. To further investigate the homeless experience, the purpose of this third and final study was to analyze data gathered from one participant interviewed in the second study from an Occupational Adaptation (OA) frame of reference (Schkade & Schultz, 1992; Schultz & Schkade, 2003).

The specific aims of the third study were to gain an increased understanding of the (a) internal adaptation process of homeless individuals, (b) occupational environments of homeless individuals, and (c) occupations of homeless individuals.

CHAPTER II

BACKGROUND AND SIGNIFICANCE

According to the National Coalition for the Homeless (NCH; 1999), measuring the number of homeless people in the United States at any one time is difficult. They estimate that in 1999, on any given night, that over 700,000 people could be homeless in the United States and as many as two million persons during the year are homeless. A more recent report by the National Alliance to End Homelessness (2007) reports that there were over 744,000 homeless people in January 2005. The report stated that fifty six percent were living in shelters or transitional housing and forty four percent were unsheltered. Young (2003) reports that there are ten thousand people either living in the streets or in shelters in Houston, Texas.

According to the Stewart B. McKinney Act, 42 U.S.C. (Office of the Law Revision Counsel, U.S. House of Representatives, 2005) the following is the definition of a homeless individual:

Section 11302. General definition of homeless individual

(a) In general

For purposes of this chapter, the term "homeless" or "homeless individual or homeless person" includes -

- (1) an individual who lacks a fixed, regular, and adequate nighttime residence; and
- (2) an individual who has a primary nighttime residence that is
 - (A) a supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill);
 - (B) an institution that provides a temporary residence for individuals intended to be institutionalized; or
 - (C) a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

Description of the Homeless Population

Determining a single factor that predisposes a person to becoming homeless is difficult. Goering, Tolomiczenko, Sheldon, Boydell, and Wasylenki (2002), attempted to identify characteristics of persons who were homeless for the first time in Toronto, Canada. Three hundred adult users of homeless shelters in Toronto were interviewed over a period of one year ending July, 1997. The authors defined an episode of homelessness as a lack of housing for at least seven nights in the previous month and no prospect of housing in the next month. In addition, they reported that an episode of homelessness had to be more than one month apart from a prior episode in order to be counted as a separate

occurrence. The authors then contrasted the two groups, the ones who were homeless for the first time and those who had more than one episode of homelessness. The study revealed that forty percent of the persons interviewed in the study were homeless for the first time and that the two groups were similar in many ways. There was evidence of mental and physical illness present in both groups and rates of previous hospitalizations did not differ between the two groups.

Similarly, Bowdler and Barrell (1987) identified the health needs of the homeless by conducting a health needs analysis on a group of homeless individuals in Richmond, VA. They used the Neuman systems model (Neuman, 1995) which they describe as an open-systems model that incorporates aspects of stress/adaptation theory as well as holism to the understanding of health. Seventy clients at the shelter completed a survey with twenty closed-choice questions. The results of the study concluded that mental health problems, including substance abuse, had a high prevalence and that physical health problems were many, varied and usually treated at the local teaching hospital.

From an occupational therapy perspective, Kavanagh and Fares (1995) conducted a case study of a homeless mentally ill client using the Model of Human Occupation (Kielhofner, 1995). They identified the three subsystems of volition, habituation and performance, and occupational behavior and how the three were related to the client's performance. They identified group homes as an institutional environment that was conducive to successful rehabilitation of their clients and that occupational therapists using the Model of Human Occupation are able to support the complex needs of such clients.

In another study from an occupational therapy perspective, Davis and Kutter (1998) studied independent living skills and post traumatic stress syndrome (PTSD) in twenty-four homeless women in Kansas City. The Kohlman Evaluation of Living Skills (Kohlman-Thompson, 1992) was used to assess independent living skills, and a structured interview was conducted to determine whether or not participants had experienced trauma. All of the women resided in a community shelter at the time of the study. The results of the study were that the prevalence of traumatic experiences and PTSD are higher in women who are homeless than in women in the general population. Also, women who are homeless have deficits in independent living skills, especially in the area of money management.

This discussion of the literature demonstrates that factors can be difficult to determine that may predispose a person to being homeless. Various reasons have been identified including substance abuse, post traumatic stress syndrome, mental health problems, and physical health problems. This list is certainly not all inclusive, and some individuals may experience several factors at a time.

Model of Human Occupation and the OCAIRS

The second study examined the occupational participation of homeless individuals regarding their roles, habits, and contexts using The Occupational Circumstances Assessment Interview and Rating Scale Version 4.0 (OCAIRS; Forsyth et al., 2005). The OCAIRS is based on the concepts from the Model of Human Occupation (MOHO) (Kielhofner, 2002). MOHO can briefly be described as consisting of three

subsystems which are the volitional subsystem, the habituation subsystem, and the performance capacity subsystem. The volitional subsystem includes personal causation, values, and interests. The habituation subsystem includes information on roles and habits. The performance capacity subsystem is made up of objective components and subjective experiences. Further explanation of MOHO concepts can be obtained from the *Model of Human Occupation: Theory and Application* (Kielhofner, 2007).

Occupational Adaptation

The third study describes the internal adaptation process, occupational environments, and occupations of homeless individuals from an Occupational Adaptation perspective (Schkade & Schultz, 1992; Schultz & Schkade, 1992). Occupational Adaptation can be described as a process wherein there is an interaction between the person and the occupational environment. The person consists of sensorimotor, psychosocial, and cognitive components. The environment is made up of physical, social, and cultural components. The interaction between these two sets of components results in an occupational challenge which contains certain role expectations and generates an occupational response. Another key element involved in the OA process is that within the person there is a desire for mastery. The environment contains a demand for mastery resulting in an interaction between the person and the environment which results in a press for mastery. In addition, there are three sub-processes: (a) the adaptive response generation sub-process, (b) adaptive response evaluation sub-process, and (c) the adaptive response integration sub-process. The adaptive response generation sub-process

consists of two parts, the adaptive response mechanism that selects energy levels, methods, and behaviors and the adaptation gestalt. The adaptive response evaluation sub-process is an evaluation of the response generated by the adaptive response generation sub-process. Relative mastery is assessed within the evaluation process. The adaptive response integration sub-process is where learning takes place and becomes integrated into the person systems (Schkade & Schultz, 1992; Schultz & Schkade, 2003).

Significance

The significance of this proposed research is to allow occupational therapists to gain a better understanding of homelessness. As occupational therapists, we are constantly striving to understand and improve the lives of others. Through research, we will be able to better understand homelessness and expand the role of occupational therapy with the homeless population.

Tryssenaar, Jones, and Lee (1999) stated, “The development of interventions that are meaningful to persons who are homeless increases the likelihood of effective outcomes” (p. 194). However, before we can develop interventions for the homeless we have to develop a better understanding of the homeless experience and how homeless individuals function in their environments.

CHAPTER III

OCCUPATIONAL THERAPY AND HOMELESSNESS: A META-SYNTHESIS

Determining the number of homeless persons in the United States at any given time is difficult (NCH; 1999). The NCH has estimated, on any given night over 700,000 people could be homeless and as many as two million persons during the year are homeless. A more recent report by the National Alliance to End Homelessness (Jan, 2007) reports that there were over 744,000 homeless people in January 2005. Of those 744,000, the report stated that fifty six percent were living in shelters or transitional housing and forty four percent were unsheltered. Until recently, occupational therapists have had limited contact with the homeless population.

The *Occupational Therapy Practice Framework: Domain and Process* (OTPF, 2002, 2008) states that occupational therapy is an evolving profession and the roles and contributions of occupational therapy to society have continued to expand into non traditional type settings. According to Finlayson, Baker, Rodman, and Herzberg (2002), “the everyday practice of many occupational therapists has expanded to include work with people who would have been unlikely to have contacted an occupational therapist in the past” (p. 313). People who are homeless are one of the groups that Finlayson et al describe. In addition, the American Occupational Therapy Association (AOTA) has identified working with homeless shelters as an emerging area of practice on its website.

The AOTA website reported that occupational therapists can work as consultants and assist in providing programs to homeless shelters (AOTA, n.d.). Homeless individuals may present occupational therapists with a different set of circumstances and challenges as opposed to clients normally seen in the more traditional hospital or outpatient settings.

Statement of Purpose

The purpose of this study was to explore the concepts of occupation, adaptation, roles, habits, and contexts of homelessness through a meta-synthesis of the occupational therapy literature. The specific aims of the study were to (a) gain an understanding of the occupational therapy literature as it pertains to the homeless; (b) explore the concepts of occupation, adaptation, roles, habits and environment in the occupational therapy literature regarding the homeless; and (c) synthesize the occupational therapy literature regarding the homeless for future research.

Methods

Meta-synthesis is the method that was used to accomplish the specific aims of this study. Several different methodologies are recommended for synthesizing qualitative literature. Some of these methods include meta-study (Paterson, Thorne, Canam, & Jillings, 2002), meta-ethnography (Noblit & Hare, 1988), aggregating qualitative findings (Estabrooks, Field, & Morse, 1994) and meta-interpretation (Finfgeld, 1999). While there are many similarities and differences between the aforementioned methods of synthesizing qualitative literature, it is beyond the scope of this study to attempt to explicate them here. A descriptive meta-synthesis was chosen since the study tends to

look at the phenomena from a broader perspective and the method allies with the goal of translation across studies (Finfgeld, 2003).

Data Sources

Inclusion criteria for this meta-synthesis were literature regarding the homeless either written by occupational therapists or literature published in occupational therapy journals. Initially, a decision was made to use a qualitative appraisal form to determine the suitability of articles for the metasynthesis. After further deliberation, that decision was reversed. Because there is a limited amount of occupational therapy literature regarding homelessness, excluding studies based on certain criteria would have resulted in too few articles available for a synthesis. In addition, the concepts of occupation, adaptation, roles, habits and environment were considered in aggregate i.e. if any one of the concepts was used, the article was included in the study. Including all the studies on homelessness is consistent with Barroso et al., (2003, p.154) who reports researchers conducting qualitative meta-synthesis should consider all of the relevant studies in the field, not just a sample of them.

After a search of the electronic databases Medline and CINAHL, using the key words occupational therapy, homeless, and homelessness, 65 possible publications appeared in the original search. It was determined that of those original 65 publications, only 25 were identified as matching the criteria which was (a) to include only literature regarding the homeless written by occupational therapists, or (b) literature published in occupational therapy journals, and (c) the articles should be in English and from a refereed publication. The 25 selected articles were analyzed in order to determine

patterns and themes that resulted from these studies. The reasons for excluding the other 40 publications were varied: 17 publications were eliminated because they were not actually about homelessness; 8 publications were eliminated because they were in non-refereed publications; 7 publications were eliminated because they were either editorials or abstracts from conference presentations; 2 publications were eliminated because they were dissertations that ended up having a published article from the dissertation topic; the remainder were eliminated for various reasons which excluded them from being appropriate for synthesis.

Data Analysis

The intent of the study was primarily to synthesize the occupational therapy literature regarding the homeless for future research and to explore whether or not the concepts of occupation, adaptation, roles, habits and contexts were being addressed in the occupational therapy literature on the topic of homelessness. Each of the articles selected for inclusion in the study was analyzed first by the primary author and then clarified and peer reviewed by a researcher experienced in this methodology. The articles were analyzed by a method similar to the constant comparative method recommended by Glaser and Strauss (2006). Each article was read and initial themes were established. The articles were then re-examined and the themes changed to reflect an in-depth description of the codes. The articles were then read a third time and the final overarching themes were established. The articles were summarized into the thematic categories.

Findings

After examining the qualitative occupational literature regarding the homeless, various suppositions concerning homelessness were identified from the different ways in which the literature was presented. Five key areas or themes were identified in the literature. They are as follows: (a) perspectives on homelessness, (b) lived experiences, (c) student fieldwork experiences with the homeless, (d) life skills, and (e) models of practice. Summaries from the synthesized studies are listed in Table 1 to provide a quick reference for the reader.

Table 1

Summary of Studies

Author	Title	Thematic category	Article summary
Aviles, A & Helfrich, C. (2006)	Homeless Youth: Causes, Consequences and the Role of Occupational Therapy	Life skills	Used complementary assessments to evaluate life skills of homeless youth
Davis, J. & Kutter, C. (1998)	Independent living skills and post-traumatic stress disorder in women who are homeless: Implications for future practice	Life skills	Detailed life skills deficits for homeless women
Drake, M.(1992)	Level I Fieldwork in a Daycare for Homeless Children	Student fieldwork experiences with the homeless	Describes the need for Level I fieldwork mental health placements for students
Finlayson, M., Baker, M., Rodman, L., & Herzberg, G. (2002)	The process and outcomes of a multimethod needs assessment at a homeless shelter	Student fieldwork experiences with the homeless	Needs assessment for an occupational performance skills program and fieldwork students at a homeless shelter

Table 1 (Continued)

Summary of Studies

Author	Title	Thematic category	Article summary
Fisher, G. & Hotchkiss, A. (2007)	A Model of Occupational Empowerment for Marginalized Populations in Community Environments	Models of practice	Developed the Model of Occupational Empowerment as a result of their study involving the homeless
Griner, K. (2006)	Helping the Homeless: An Occupational Therapy Perspective	Perspectives on homelessness	Primarily a literature review regarding OT and the homeless
Helfrich, C., Aviles, A., Badiani, C., Walens, D. & Sabol, P. (2006)	Life Skill Interventions with Homeless Youth, Domestic Violence Victims and Adults with Mental Illness	Life skills	Life skill interventions at three homeless shelters
Herzberg, G. & Finlayson, M. (2001)	Development of Occupational Therapy in a Homeless Shelter	Models of practice and homelessness	Used the Canadian Model of Occupational Performance as a theoretical guide in the development of an occupational therapy program in a homeless shelter
Heubner, J. & Tryssenaar, J. (1996)	Development of an Occupational Therapy Practice Perspective in a Homeless Shelter: A Fieldwork Experience	Student fieldwork experiences with the homeless	Phenomenological experience of a fieldwork student at a homeless shelter
Heuchemer, B. & Josephsson, S. (2006)	Leaving Homelessness and Addiction: Narratives of an Occupational Transition	Lived experiences	Lived experiences of 2 homeless women and the occupational transition away from homelessness and addiction
Johnson, J. (2006)	Describing the Phenomenon of Homelessness Through the Theory of Occupational Adaptation	Models of practice and homelessness	Used the theory of Occupational Adaptation to describe the phenomenon of homelessness

Table 1 (Continued, 2)

Summary of Studies

Author	Title	Thematic category	Article summary
Kavanagh, J. & Fares, J. (1995)	Using the Model of Human Occupation with Homeless Mentally Ill Clients	Models of practice and homelessness	A case study of a homeless female whom was unable to develop successful roles and habits for herself until intervention by OT
Kannenberg, K. & Boyer, D. (1997)	Occupational Therapy Evaluation and Intervention in an Employment Program for Homeless Youths	Life skills	Occupational therapy evaluation and intervention in an employment program for homeless youths
McDonald, A. (2006)	The After-School Occupations of Homeless Youth: Three Narrative Accounts	Lived experiences	Studied after school and weekend time use of three adolescents from homeless families
Livingston, B. & Miller, K. (2006)	Systems of Care for Persons Who Are Homeless in the United States	Perspectives on homelessness	Systems of care and government programs available for the homeless
Miller, K., Bunch-Harrison, S., Brumbaugh, B., Kutty, R., & Fitzgerald, K. (2005)	The Meaning of Computers to a Group of Men Who Are Homeless	Lived experiences	Positive experiences created by providing computers to a group of homeless men
Muñoz, J., Dix, S. & Reichenbach, D. (2006)	Building Productive Roles: Occupational Therapy in a Homeless Shelter	Life skills	A continuation from a previous study about Project Employ, a supportive employment program located in an emergency shelter
Muñoz, J., Garcia, T., Lisak, J. & Reichenbach, D. (2006)	Assessing the Occupational Performance Priorities of People Who Are Homeless	Life skills	Addressed occupational performance priorities of homeless people
Muñoz, J., Reichenbach, D. & Hansen, A. (2005)	Project Employ: Engineering Hope and Breaking Down Barriers to Homelessness	Life skills	Described the history and structure of a supportive employment program located in an emergency shelter

Table 1 (Continued, 3)

Summary of Studies

Author	Title	Thematic category	Article summary
Petrenchik, T. (2006)	Homelessness: Perspectives, Misconceptions, and Considerations for Occupational Therapy	Perspectives on homelessness	Perspectives on homelessness and occupational therapy practice
Schultz-Krohn, W. (2004)	The Meaning of Family Routines in a Homeless Shelter	Lived experiences	Lived experience of family routines in a homeless shelter
Schultz-Krohn, W., Drnek, S., & Powell, K. (2006)	Occupational Therapy Intervention to Foster Goal Setting Skills for Homeless Mothers	Models of practice and homelessness	Case study of two homeless mothers and how volition, habituation, and performance capacity were important in the ability to achieve personal goals for each client
Totten, C. & Pratt, J. (2001)	Innovation in Fieldwork Education: Working with Members of the Homeless Population in Glasgow	Student fieldwork experiences with the homeless	The experiences of a student at a homeless shelter
Tryssenaar, J., Jones, E., & Lee, D. (1999)	Occupational needs of a shelter population	Lived experiences	Lived experience of 25 homeless persons at a shelter
VanLeit, B., Starrett, R. & Crowe, T. (2006)	Occupational Concerns of Women Who Are Homeless and Have Children: An Occupational Justice Critique	Life skills	Evaluate the occupational concerns of homeless women who have children

The literature that specifically addressed the issue of a perspective consisted of articles that were generalizations or overviews about occupational therapy and homelessness making it difficult to distinguish a single particular focus in the literature concerning occupational therapy and perspectives on homelessness. The first of the three studies directed mainly toward perspectives on homelessness was a literature review providing generalizations about the history of occupational therapy, occupational therapy and mental health, occupational therapy and homelessness (Griner, 2006). The study also addressed fieldwork opportunities for occupational therapy students.

The second study regarding perspective provided some detail concerning current occupational therapy practice and the homeless (Petrenchik, 2006). The author reported that currently occupational therapists working with the homeless either focus on skills remediation programs or enabling participation. The authors suggest that occupational therapy practitioners eliminate the medical model and focus on collaboration. The maximization of the person-environment-occupation fit (Law et al., 1996) was identified as a way of enabling participation in both the shelters and the community. Therapists working with homeless individuals were encouraged to shift their focus from a performance component oriented practice to an ecological oriented practice. The author stated "...research suggests that our principal aim as occupational therapists should be assisting individuals and families to return to housing and connecting them with the supports and services needed to improve residential stability and community participation

over time.” The author suggested that a return to stable housing is an important first step in program planning and community participation.

The third study in the use of perspectives addressed systems of care for the homeless in the United States. In order for occupational therapists to provide services for the homeless, they need to understand the systems of care that are currently in place for homeless persons (Livingston & Miller, 2006). Currently, there are several government agencies that are available to provide a myriad of services for the homeless. Livingston and Miller (2006) provide detail into various government agencies and an overview of the services available from each agency as well as how occupational therapy is involved in the system of care. Livingston and Miller report that occupational therapists can and do work in many different types of programs such as emergency shelters and transitional housing programs providing services to the homeless. The authors note that occupational therapists are especially suited for helping the episodically homeless, those who have been in emergency shelters previously and the chronically homeless, those with multiple emergency shelter admissions. The episodically homeless tend to be relatively young and have a mental health or medical problem. The chronically homeless tend to be older and have higher levels of mental health, substance abuse, and medical problems. The authors also note that occupational therapists are adept in understanding the role of occupational participation and its connection to disability and the prevention of disability which can be useful working with program staff, program development, and working directly with the homeless.

Tryssnaar, Jones, and Lee (1999) conducted a study of twenty-five homeless persons at a shelter in Ontario, Canada. The participants were interviewed using the Canadian Occupational Performance Measure (Law et al., 1998). The major themes that emerged were spirituality, choosing satisfaction, diverse health concerns, power of relationships, the significance of the environment, and poverty. Of the major themes that emerged, they report that spirituality was overwhelmingly the most emphasized. The authors noted the premise “we want what everyone wants” was obvious throughout the interviews. Others searched for meaning through religious experiences by making statements such as: “Church is very important to me, I wish I could be more involved” and “Traditional native customs and spirituality are important to me and passing those on to the kids.” Others exhibited gratitude for having some of their needs met; “you might as well be happy – I’m satisfied with how things are now because there aren’t many options” and “I’m grateful I’m here...This is heaven compared to being on a riverbank or in jail.” Spirituality is a complex concept that involves personal character and principles and is intrinsic and unique to each individual (Williams, 2008). Spirituality can mean different things to different people. McColl (2000) suggest that spirituality is something that is within us and that spirit is something that is external to us. Culture may also be a factor in how one defines spirituality. Unruh, Versnel, and Kerr (2002) suggest there are different approaches to spirituality which may include secular, religious, or sacred customs. Experience and education may also play a role in how occupational therapists approach the topic of spirituality with their clients. Taylor (2000) reveals therapists with a

higher level of education and more years of practice tend to use a more global definition of spirituality as opposed to a religious definition.

The second study relating to lived experiences focused on the meaning of computers to a group of homeless men (Miller, Bunch-Harrison, Brumbaugh, Kutty, & Fitzgerald, 2005). Three themes emerged from the study: access to computers; computers as a bridge to life-skill development; and changed self-perception as a result of connecting with technology. The authors noted that some of their subjects had no prior computer access and did not even know how to turn on a computer. One participant stated “the majority of people here are missing a lot of basic skills and math, reading, computers, stuff, you know.” The authors noted the positive experience computers had on the participants such as; “Computers are really good, like a stepping stone to getting back into society cause sometimes...I don’t know how to put it...something that connects everybody is, like, the computer”; “Basically, computers just make me happy.”

The third study reflecting on the lived experiences examined the meaning of family routines in a homeless shelter (Schultz-Krohn, 2004). Two major themes were identified in this study. The first theme was living with the rules and the second theme was preserving the family. Both positive and negative effects of shelter living were revealed. The structured routines were advantageous for certain aspects of the residents’ lives such as having to be out by 8:30 in the morning which provided an impetus for a job search. However, the structure impinged on other aspects of life such as personal hygiene for their children. Another disadvantage reported was the diminishing role of parental

authority. The shelter sets the schedule for meals and the shower times for the children. One parent noted “So like, I mean, even simple things I have no control over.”

The fourth study concerning the lived experiences of two homeless women addressed the occupational transition away from homelessness and addiction. Four themes emerged: homelessness as a lived plot; social relationships influence lived plots; change through creating possible employment; and acting out a new plot (Heuchemer & Josephsson, 2006). The first theme focused on life as a homeless person. The two participants in the study were both addicts. Their addictions provided temporary relief from the stress of everyday life but contributed to them becoming homeless. The second theme was about the strength of social relationships and how they can either be a positive or a negative impact for persons trying to escape homelessness. The third theme focused on the participants’ ability to change their situation. The fourth theme was the new life each participant had created for themselves.

McDonald (2006) studied the after school and weekend time use of three adolescents from homeless families. The author summarized the occupational nature of the adolescents with three concepts which includes: occupational necessity: social intensity; boredom and shelter living: occupational advantages and disadvantages; and designing a life: taking control. Spending time with family and friends was reported as being important to the participants in the study. Boys preferred to spend discretionary time with friends engaged in activities such as sports while girls preferred to spend their discretionary time talking with friends. Both boys and girls in the study reported boredom and a feeling of being trapped while at the shelter.

There was a temptation to categorize the fieldwork experience studies with the lived experience studies. After all, both groups of studies are essentially about lived experiences, one being the lived experience of the homeless and the other the lived experience of students working with the homeless. After some deliberation, the decision was made to separate the two categories to differentiate the plight of being homeless from working at a homeless shelter.

Heubner and Tryssenaar (1996) performed a retrospective study of an occupational therapy student in a homeless shelter in Ontario, Canada. The authors described the study as a phenomenological experience. Data were collected via journal entries in the student's journal, which she used as a communication tool with her supervising therapist. The major themes identified were rapport and the resident's drive towards purposeful activity.

Finlayson, Baker, Rodman, and Herzberg (2002) performed a needs assessment at a homeless shelter in south Florida. The authors reported that the purpose of the needs assessment was twofold. The primary purpose was to guide a developing occupational performance skills program at the shelter. The secondary purpose was to guide the selection of fieldwork activities for occupational therapy students working at the shelter. The authors identified five objectives:

1. Obtain background information on the overall context of homelessness in the United States.
2. Identify and describe the social and environmental context of the shelter.

3. Identify the primary issues and concerns of the shelter residents.
4. Identify the primary issues and concerns of the shelter's staff.
5. Identify the challenges and potential barriers that would be faced regarding the implementation of the occupational performance skills program and in having students at the shelter.

The next phase included various methods of data collection: literature reviews, reviews of local reports, participant observation, focus groups, and reflective journals. In the final phase, the authors reflected on what they had accomplished and what needs to be done in order for the continued success of the program. For example, they were able to help guide the renovation of space into a computer room and assist with obtaining computers for the shelter residents.

Drake (1992) discussed the placement of Level I fieldwork students at homeless shelters. The students were involved with staff education and developing treatment programs for children at the shelter. The author reported the program provided a mental health experience for the students and services for homeless children in the community.

The final study concerning fieldwork placement described the experiences of the students at a homeless shelter (Totten & Pratt, 2001). A student describes the process of developing an activity group at the shelter and the participation of the clients in the group. The student reported she had some misconceptions about homeless persons prior to her placement at the shelter. The first misconception was the number of beds available for direct access to the homeless and the second was the number of homeless persons with disabilities that precluded the residents from being able to leave the shelter. The

author reported the number of available beds for the homeless was much greater than she anticipated and the author was not aware that some of the clients were long term residents because they were unable to leave the shelter secondary to mental health or physical problems.

Life Skills

The first study pertaining to life skills with homeless persons examined independent living skills and post traumatic stress syndrome in homeless women (Davis & Kutter, 1998). The participants were assessed using the Kohlman Evaluation of Living Skills (Kohlman-Thompson, 1992), and a structured interview was conducted to determine whether or not participants had experienced trauma. The results of the study revealed the prevalence of traumatic experiences. Post traumatic stress syndrome was higher in women who were homeless than in women in the general population and women who were homeless had deficits in independent living skills, especially in the area of money management.

The second study addressing life skills examined homeless youth, domestic violence victims, and adults with mental illness (Helfrich, Aviles, Badiani, Walens, & Sabol, 2006). The study took place in four different homeless shelters and two supportive housing programs. Three different interventions were provided. The homeless youths were provided interventions in finding employment. The domestic violence victims received interventions in managing finances. The adults with mental illness received interventions in nutrition and meal preparation. All participants received both group and

individual sessions. While the study was described in great detail by the authors, the effectiveness of the intervention was difficult to determine.

Muñoz, Reichenbach, and Hansen, (2005) described the history and structure of Project Employ, a supportive employment program located in an emergency shelter. The authors gave two excerpts from case studies which reflected the value of the life-skills training curriculum at the shelter. The authors reported how two women from the shelter were able to overcome addiction and homelessness by being able to reintegrate previously important roles into their lives.

In the fourth study related to life skills, Muñoz, Dix, and Reichenbach (2006) continued with the work at Project Employ. This study is similar to the one in the preceding paragraph except that different case studies were reported and greater detail was provided about Project Employ. Occupational therapists involved in this program help homeless and formerly homeless individuals to maintain or to find occupations which were meaningful and productive to them. Occupational therapists were also involved in the job search component of the program with items like role playing or assisting in résumé writing.

VanLeit, Starrett, and Crowe (2006) used the Canadian Occupational Performance Measure (Law et al., 1998) to evaluate the occupational concerns of homeless women who have children. The authors interviewed 27 homeless women who have children and identified 19 occupational concerns of the homeless women. The primary concerns identified in the study were finances, employment, education, transportation, and housing.

Kannenberg and Boyer (1997) looked at occupational therapy evaluation and intervention in an employment program for homeless youths. A case study was employed to describe the effectiveness of the program. The authors identified functional competencies and developmental issues as being important concepts of the program.

Aviles and Helfrich (2006) used two different assessments, the Occupational Self Assessment (Baron et al., 1999) and the Ansell-Casey Life Skill Assessment (Nollan et al., 2002), to gain information about homeless youths. The authors noted that the two assessments provided complementary information about each client. A case study was provided which detailed their assessment and interventions with a client.

Munoz, Garcia, Lisak, and Reichenbach, (2006) addressed occupational performance priorities of homeless people. The study revealed two main ideas: self-perceived problems and prioritization of problems. The identified problems included self-care, productivity, and leisure. The prioritized problems within the self-care domain were community management and health and wellness. The productivity domain included education and work as the prioritized problems and family interaction was the priority in the leisure domain.

Models of Practice and Homelessness

Five studies in this meta-synthesis were directly related to models of practice in occupational therapy. The Model of Human Occupation (MOHO; Kielhofner, 2002) was used as the organizing concept in two different studies. Each of the following models appeared in one: Occupational Adaptation (Schkade & Schultz, 1992; Schultz &

Schkade, 2003), the Canadian Model of Occupational Performance (Law, Baptiste, & Mills, 1995), and the Model of Occupational Empowerment (Fisher & Hothckiss, 2007).

Kavanagh and Fares (1995) conducted a case study of a homeless mentally ill client using the MOHO (Kielhofner, 2002). The authors identified the three subsystems of volition, habituation and performance, and occupational behavior and how the three were related to the client's performance. Group homes were identified as an institutional environment that was conducive to successful rehabilitation of clients. Occupational therapists using (MOHO) are able to support the complex needs of such clients. The authors presented a case study of a homeless female whom relied solely on a group home for accommodations and was unable to develop successful roles and habits for herself. After treatment utilizing concepts from MOHO, the client was successfully able to leave the group home for independent living accommodations.

Schultz-Krohn, Drnek, and Powell (2006) also employed the MOHO (Kielhofner, 2002) model in their study of two homeless mothers. The study revealed a different outcome for each of the mothers and how the concepts of volition, habituation, and performance capacity were important in the ability to achieve personal goals for each client. According to the authors, the differences in each client's volition, habituation, and performance capacity were the reasons for the different outcomes. For example, the authors reported that while both women were obese, the subject in the second case study was impeded by her obesity which had a negative effect on her subjective experiences which hindered her ability to engage in meaningful occupations.

Johnson (2006) used the theory of Occupational Adaptation (OA; Schkade & Schultz, 1992; Schultz & Schkade, 2003) to describe the phenomenon of homelessness. The study examined four individuals from a homeless shelter from the perspective of the person, occupational environments, occupational roles, occupational challenges, adaptive response generation subprocess, and evidence of adaptation. The author reported that an individual needs to have the ability to adapt in order to lead an independent and productive life and that the OA model permits the examination of a person's ability to adapt by observing them in their daily activities. The results revealed the value of the theory of OA in developing an understanding of the homeless and in identifying "all areas of the person, the environment, and the interaction between the person and environment in order to determine the area or areas that are inhibiting the normal process of adaptation" (p.16).

Herzberg and Finlayson (2001) used the Canadian Model of Occupational Performance (Law, Baptiste, & Mills, 1995) as a theoretical guide in the development of an occupational therapy program in a homeless shelter. The occupational therapy program was implemented by Level I and Level II fieldwork students. The study is a report of the development of interventions designed to increase the occupational performance of the residents living at the shelter. The identified interventions were prevocational skills; stress management; self care training; social and interpersonal skills; and community living skills.

Fisher and Hothckiss (2007) developed and used the Model of Occupational Empowerment as a result of their study involving homeless women and children. The

authors reported five important concepts of their model which included: disempowering environments; occupational deprivation; learned helplessness; occupational empowerment; and occupational change.

Each of the five studies concerning models of practice reveals the potential value of combining theory with practice in occupational therapy. Occupational therapy scholars have emphasized the use of theory based interventions in practice (Crepeau & Schell, 2003; Kielhofner, 1997; Mosey, 1996). However, Gutman, Mortera, Hinojosa, and Kramer (2007) have pointed out the scope of practice may be limited by relying solely on theories based on the meaning of occupation across the life-span since these theories do not offer direction for treating different clinical conditions. Petrenchik (2006) suggests that an ecological practice framework may be more beneficial for working with the homeless population and that occupational therapists should focus on residential stability and a return to housing which may improve community participation and return to the job market.

Reflections on the Meta-Synthesis

The process of meta-synthesis is arduous and time consuming. One of the difficulties in completing a meta-synthesis is discerning what are data and what is conjecture on the part of the author. Sandelowski and Barroso (2002) reported several problems associated with the findings from qualitative research reports. Some of the problems in the findings included: misrepresentation of data as findings, misrepresentation of analysis as findings, misuse of quotes or incidents which may not

match the conclusions that were drawn from those quotes or incidents, and the ambiguity concerning what is a theme or pattern (Sandelowski & Barroso, 2002).

Another difficulty with this meta-synthesis was the difficulty in categorizing the findings. Some of the studies could have fit into more than one category. An effort was made to select the category that fit the overall intent of the study; however, at times it was difficult to determine exactly what the intent of the study was. It is possible that the generic topic of homelessness and occupational therapy may be too general to obtain an adequate synthesis.

Jones (2004) recommends that a meta-synthesis should be performed by a team which should include at least one expert qualitative researcher. While the luxury of using an expert qualitative researcher would have been beneficial, this study was done as part of a dissertation which precludes the use of outside assistance. This study was primarily conducted by the first author who is a novice level qualitative researcher.

Limitations

This study, like most studies, has limitations. First of all, the articles synthesized in this study were related only to occupational therapy which precludes other points of view. Secondly, although most researchers strive to remain objective, the possibility of researcher bias still exists.

Conclusion

The results of this meta-synthesis should provide an increased understanding of the homeless literature within occupational therapy, offer details from the original research reports concerning the inclusion/exclusion of several occupational therapy

concepts, and give a synthesis for future researchers to evaluate the occupational therapy literature regarding homelessness. Yet, work still needs to be done. Many of the studies reflected the views of only one or two participants. Legault and Rebeiro (2001) encourage occupational therapists to undertake single-case studies in their practice as a way to begin to build a larger evidence base to support the use of occupation within mental health. This meta-synthesis has shown that case studies are being done. However, this meta-synthesis study has also shown that occupational therapists may have only a general understanding of the homeless phenomenon. For example, one study suggested that a return to stable housing is an important first step in program planning and community participation and occupational therapists should be assisting individuals and families to return to housing and connecting with the supports and services in the community (Petrenchik, 2006). While a return to housing may be important to homeless individuals, perhaps occupational therapists should focus their research on problems of adaptation, role expectations, or the environment. Four of the studies included in this meta-synthesis were primarily about students on fieldwork in a homeless shelter (Drake, 1992; Finlayson, Baker, Rodman, & Herzberg, 2002; Heubner & Tryssenaar, 1996; Totten & Pratt, 2001). While the importance of students' reaction to homelessness is not being discounted, the focus does little to provide information concerning interventions for the homeless. Occupational therapists now need to perform more in-depth studies aligned with our OTPF. The new OTPF states that "...supporting health and participation in life through engagement in occupation" is occupational therapy's domain of concern (OTPF, 2008, p. 626). If occupational therapists are able to show the value of occupation as an

effective intervention with the homeless population, perhaps the policy makers will include occupational therapy as a recommended service for the homeless.

CHAPTER IV

OCCUPATIONAL PARTICIPATION OF HOMELESS INDIVIDUALS

Homelessness continues to be a pervasive problem in the United States. Although the exact number of homeless persons is difficult to determine, the National Coalition for the Homeless (NCH; 1999) estimates on any given night that over 700,000 people could be homeless and during the year as many as two million persons are homeless. A more recent investigation by the National Alliance to End Homelessness (2007), reports there were over 744,000 homeless people in the United States in January 2005. Of those 744,000, the report stated that fifty six percent were living in shelters or transitional housing and forty four percent were unsheltered. An analysis of the literature suggests that determining the reasons of homelessness can be difficult. Various reasons have been suggested including substance abuse, post traumatic stress syndrome, mental health problems, and physical health problems. This list is certainly not all inclusive, and some individuals may experience several factors at one time.

Until recently, occupational therapists have had minimal contact with the homeless population. In one example, Kavanagh and Fares (1995) conducted a case study of a homeless mentally ill client using the MOHO (Kielhofner, 2002). The authors identified group homes as an institutional environment that were conducive to successful rehabilitation of the client and that occupational therapists using the MOHO are able to support the complex needs of such clients. Davis and Kutter (1998) studied independent

living skills and post traumatic stress syndrome (PTSD) in twenty-four homeless women. According to the results the prevalence of traumatic experiences and PTSD is higher in women who are homeless than those in the general population. Also, based on the results, women who are homeless have deficits in independent living skills, especially in the area of money management. Finlayson et al. (2002) and Heubner and Tryssenaar (1996) used a collaboration between the community and a university to examine the needs of occupational therapy services in a homeless shelter. Heubner and Tryssenaar (1996), report a retrospective study of an occupational therapy student in a homeless shelter in Ontario, Canada in which data were collected in a student's journal, which was the communication tool with her supervising therapist. The major themes identified were the student's rapport with the residents and the resident's drive towards purposeful activity. Finlayson et al. (2002) performed a needs assessment at a homeless shelter in south Florida. The authors report that the purpose of the needs assessment was twofold. The primary purpose was to guide a developing occupational performance skills program at the shelter. The second purpose was to guide the selection of fieldwork activities for occupational therapy students working at the shelter. The authors admit the transient nature of the shelter population makes it difficult to determine whether or not the occupational therapy program is helpful in assisting the resident's in breaking the cycle of homelessness.

Homeless individuals present occupational therapists with a different set of circumstances and challenges as compared with clients normally seen in the more traditional hospital and outpatient settings. The occupational areas (including work,

leisure, and self-care performance areas as well as the physical, social, and cultural contexts) are different for the homeless population. For example, only about thirteen percent of homeless persons are employed, most lack affordable health care, and some are affected by mental illness (NCH, 2007). Some homeless individuals have to choose between food, shelter, and other basic needs. Poor people often are only an accident, an illness, or a paycheck away from being homeless (NCH, 2007).

The purpose of the study was to investigate the occupational participation of homeless individuals based on their roles, habits, and contexts. The specific aims of the study were to examine homeless individuals with regard to their (a) volition; (b) recurrent patterns, i.e. roles and habits, in their everyday lives; (c) capacity in occupational performance areas; and (d) physical and social environments.

Selection of Participants

After approval was obtained from the Institutional Review Board of Texas Woman's University, a convenience sample of 15 adult male participants was recruited from a men's shelter in a large southwestern metropolitan city. The program at the men's development center is 6 months in duration and includes treatment for chemical dependency, relapse prevention, work therapy, personal development, career development, and spiritual development. Christian character and a Christian work ethic are stressed. The number of participants was based on availability of subjects at the shelter with the intent of obtaining a minimum of 15. The participants were initially recruited by the director of the shelter and were asked if they would like to participate in a research

project which required them to answer questions about activities that they do as part of their everyday lives. Written informed consent was obtained prior to commencement of the interview/evaluation. The interviews took place at the center and were conducted by the principal investigator.

For purposes of this study, the criterion for homelessness was a lack of housing for at least the last 7 days preceding the interview.

Data Collection Instrument

In this study the occupational participation of homeless individuals was examined using The Occupational Circumstances Assessment Interview and Rating Scale Version 4.0 (OCAIRS; Forsyth et al., 2005; See Appendix A). In the context of the MOHO, “the term occupational participation is used to refer to engagement in work, play, or activities of daily living that are part of one’s socio-cultural context and that are desired and/or necessary to one’s well being” (Kielhofner, 2002, p.115).

The OCAIRS is a semi-structured interview that gathers information about a client concerning various aspects of their lives. These aspects include information about their roles, habits, personal causation, values, interests, goals, interpretation of past experiences, physical environment, social environment, and readiness for change. Also included is information concerning motor skills, process skills, and interaction skills. The OCAIRS is scored on the following four point rating system:

F= Facilitates: Facilitates participation in occupation

A= Allows: Allows participation in occupation

I= Inhibits: Inhibits participation in occupation

R= Restricts: Restricts participation in occupation.

The instrument is based on concepts from MOHO (Kielhofner, 2002). MOHO can briefly be described as consisting of three subsystems: the volitional subsystem, the habituation subsystem, and the performance capacity subsystem. The volitional subsystem includes personal causation, values, and interests. The habituation subsystem includes information on roles and habits while the performance capacity subsystem is made up of objective components and subjective experiences. Some sample questions from the OCAIRS are listed in Table 2 to assist the reader's understanding of the scoring criteria.

Table 2

OCAIRS Sample Questions

Roles	Do you have any family responsibilities?
Habits	What would you like your routine to be like? Describe a typical weekday (before you were here).
Personal causation	How well do you think you understand your own abilities?
Values	What do you value most in your life?
Interests	What interests or hobbies do you have?
Skills	Are you able to concentrate, problem-solve, and make decisions to get things done?

Table 2 (continued)

OCAIRS Sample Questions

Interpretation of past experiences	When you think about your life so far, do you think you have had a good deal or a bad deal?
Physical environment	How do you feel about the physical environment here? How could it be improved? Is it better or worse than where you were living before? Do you manage to get things done that are important to you? Do you feel the physical environment has an effect on your behavior?
Social environment	How do you find the other clients at the shelter? Do you have any friends here? Are you able to form trusting relationships?
Goals	Do you ever set goals for yourself/make plans for the future? What goals do you have for the next week? The next month? How are you going to achieve them? Do you have any long-term goals? (1 year, 5-10 years) How will you accomplish them?

Results

Ethnic backgrounds of the fifteen participants are as follows: 53% (8) African Americans; 33% (5) Caucasians; and 13% (2) Hispanics. The percentages are generally consistent with the U.S. homeless population which shows a distribution of 49% African-American, 35% Caucasian, 13% Hispanic, 2% Native American, and 1% Asian (NCH) (August, 2007). Mean age of the participants was 44 years. The oldest participant was 67 years and the youngest was 21 years. Mean number of weeks of homelessness was 21. The longest any one participant had been at the shelter was 156 weeks while the

minimum number was two weeks. Eighty percent of the participants had been at the shelter sixteen weeks or less.

The scoring of the OCAIRS revealed that only 13% of the participants indicated they were able to “facilitate participation” in occupation. Fifty percent were “allowed participation” in occupation while 28% had “inhibited participation” in occupation. The remainder 8% restricted participation in occupation. Of the 13% in the “facilitates participation in occupation,” 29% of those responses were from the values section. The value section was the only section in the assessment where the scores on “facilitates participation” in occupation were higher than the scores on both “allows” and “inhibits” occupation. The results of the OCAIRS data are summarized in Figure 1.

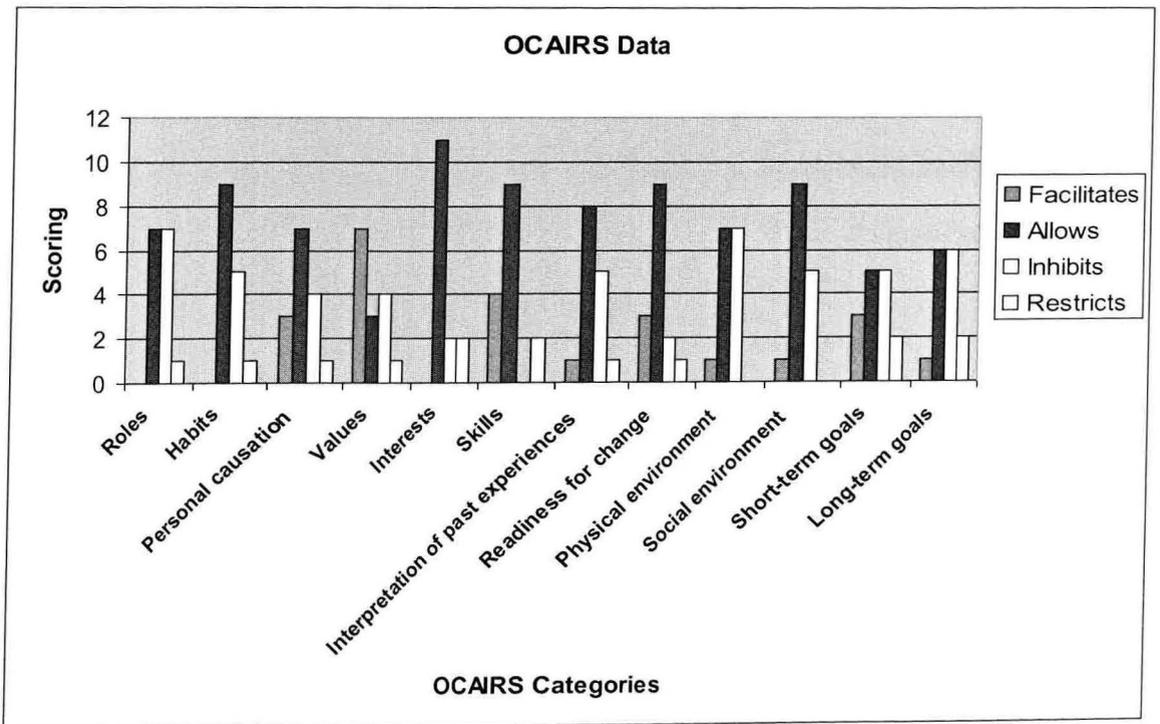


Figure 1. OCAIRS findings.

One of the benefits provided by a semi-structured interview like the OCAIRS is the additional qualitative information that may arise as part of an answer to a specific question. In this investigation, there were three main themes that emerged which were (a) religiosity, (b) substance abuse, and (c) family support. This particular shelter is a faith based Christian organization that provides daily chapel services for the residents of the shelter. As a result, most of the participants talked in some detail about their faith and the need to dedicate more of their life to their faith in order to get their life back on track. The next theme that emerged from the data was substance abuse. A majority of the participants readily admitted that substance abuse was a significant factor regarding the current episode of homelessness. A common comment from the participants was “I was ok until I started drinking and drugging again.” The third theme was lack of family support. Most of the participants revealed little recent contact with family members. One participant reported he had several brothers and sisters in the area but he had lost touch with them. Another participant stated that he was not sure if his siblings even knew where he was.

Limitations

The limitations of the study include a small sample size that is from one specific geographic area and from one facility which limit the ability to generalize the results beyond this study to the homeless population in general.

Discussion

The focus of this study was to gain insight into the occupational participation of homeless individuals. The findings indicated that the responses for “facilitates participation” in occupation were limited; however, such responses did exceed the number that “inhibited participation” in occupation. As expected many of the scores on “facilitates participation” would be low simply because the participants are in a structured program that eliminates or limits certain activities. The scores on the roles and habits sections may be higher now that the participants are in the shelter, especially those who were having difficulty with substance abuse. At least thirteen of the fifteen participants readily admitted problems with substance abuse without being asked. The values section was the only one where “facilitates” had the highest number of responses. A possible reason for this response is the nature of the faith based program at the mission. The majority of the responses to the values questions had to do with their conviction about their faith. In contrast, almost all of the scores for the interests section were in the “allows” section. Some of the participants claimed to have a wide variety of hobbies, especially outside of the shelter, and were still able to do many of their hobbies while in the shelter. Responses to the questions regarding readiness for change may have concerned the participants’ lifestyle changes from prior to coming to the shelter rather than what they would do when they left the shelter. One of the participants stated he was benefitting from being homeless and that it was a learning process and he would be better than he was before. Another participant reported he wants more out of life and now believes he can accomplish any thing. Most of the participants were clearly able to state some tangible

goals for when they left the shelter. However, most of them had some difficulty articulating a clear plan of how to implement those goals and some of the goals did not appear to be reasonable or doable such as being able to find a job that paid well and finding an apartment immediately upon leaving the shelter. The OCAIRS was chosen as an assessment in order to determine the overall level of occupational participation of the clients. The information obtained from the assessment revealed that the main areas of difficulty for the participants involved their volition and recurrent patterns. In order to alleviate or minimize the areas of difficulty, an appropriate intervention plan would need to be implemented. The intervention plan could include: having the clients' practice setting realistic and achievable goals; identifying particular areas of their roles and habits that were the most problematic for them; and making an appointment with a social worker or other qualified mental health professional in order to understand their negative interpretations of past experiences. Additional MOHO assessments that may be beneficial include the Work Impact Scale and the Occupational Self Assessment.

The qualitative results highlighted the perceptions of the participants' plight while acknowledging their own limitations in being able to recover. The participants reiterated how important their faith was to them and how it would help them through their battle against illicit drugs and alcohol. Brizer (1993) has suggested that an affiliation with a group advocating a coherent belief system such as Alcoholics Anonymous or a church may lead to abstinence from illicit drugs and alcohol. The use of a religious value or belief system is not new in the treatment for drug and alcohol abuse. Religiosity and the value of some type of religious belief system plus the ability to abstain from illicit drugs

and alcohol have been studied (Brizer, 1993; Gorsuch, 1995). One concern in this study was that participants appeared to have recently discovered their commitment to faith. Whether or not the participants will continue to reach out for support following their discharge from the facility was not within the scope of this study.

Homelessness and lack of family support from immediate or extended family was the third qualitative theme identified. One of the participants revealed limited contact with family members and stated “that no news is good news from me” when asked about his relationship between him and his family. According to Dixon et al (1998), families may play a role in helping homeless family members with mental illness to connect with services and to maintain participation in drug treatment. Pickett-Schenk, Cook, Grey, and Butler (2007) report that there is a strong association between family contact and stable housing with the severe mentally ill and that, relatives may be able to play a supportive role in assisting them to live independently in the community. Caton et al. (2007) in a study concerning risk factors for long term homelessness identified the median number of days homeless were fewer for the homeless that returned to live with family and friends. The importance of family support may indeed be an important component for effectively mitigating one of the factors for homelessness, however, longstanding family problems are not always easy to repair in a limited amount of time.

Implications for Practice

With a better understanding of the types of occupational participation experienced by homeless individuals, occupational therapists may be able to increase the use of

occupational therapy with the homeless population. Occupational therapy practitioners need to keep in mind that the homeless population may present different kinds of problems than therapists typically encounter in everyday practice. Occupational therapy can only benefit the homeless population if practitioners are able to utilize the value of occupational therapy with this particular population. Researchers need to communicate their findings in ways that are easily understood and can be put into practice (Law, 2002). Unlike many of our typical clients, basic ADL are not a major concern with the homeless. Clinical reasoning skills are always important for practitioners to have and may be especially so when working with the homeless. Therapists need to address other areas of intervention as well such as substance abuse, financial management, anger control, and low self esteem.

Another area of concern when working with the homeless population is reimbursement. Providing interventions services without financial resources is difficult. In a healthcare environment that is already strapped for resources, serving the homeless population successfully may be the most difficult obstacle to overcome. Occupational therapists have been providing mental health services since the beginning of our profession. However, Legault and Rebeiro (2001) suggest the literature is deficient in providing evidence that occupation as a primary treatment approach is appropriate for mental health problems and that there is insufficient data to support the profession's assertion for the use of occupation as therapy in mental health as well as a relationship between occupation and mental health. The authors encourage occupational therapists to undertake single-case studies in their practice as a way to build an evidence base to

support the use of occupation within mental health. Building an evidence base for the use of occupation may be good advice for therapists working with the homeless population as well. If occupational therapists are able to demonstrate that treatment using occupation is effective for the reintegration of the homeless into the community, perhaps policy makers may see the benefit in paying for our services with the homeless.

Conclusion

The result of this study has provided information concerning the occupational participation of homeless individuals. The study has offered insight into the various issues that the homeless may incur. As happens in many studies, the study provided more questions than answers. While occupational therapists have acknowledged the need to become active in providing meaningful interventions for homeless individuals, minimal resources are available to therapists to formulate such interventions. Through research and advocacy, therapists should be able to better understand homelessness and expand the role of occupational therapy with the homeless population.

CHAPTER V

OCCUPATIONAL ADAPTATION AND HOMELESSNESS

According to the National Coalition for the Homeless (NCH; 1999), counting the number of homeless people in the United States at any one time is difficult. The Coalition estimated that in 1999, on any given night, over 700,000 people could be homeless in the United States and during the year as many as two million persons are homeless. A more recent report by the National Alliance to End Homelessness (Jan, 2007) reports that there were over 744,000 homeless people in January 2005. Of those 744,000, the report stated that fifty six percent were living in shelters or transitional housing and forty four percent were unsheltered.

The factors that predispose a person to homelessness are difficult to determine. Goering, Tolomiczenko, Sheldon, Boydell, and Wasylenki (2002), attempted to identify characteristics of persons who were homeless for the first time in Toronto, Canada. Three hundred adult users of homeless shelters in Toronto were interviewed over a period of one year ending July, 1997. The authors defined an episode of homelessness as a lack of housing for at least seven nights in the previous month and no prospect of housing in the next month. In addition, they reported that an episode of homelessness had to be more than one month apart from a prior episode in order to be counted as a separate occurrence. The authors then contrasted the two groups, the ones who were homeless for

the first time and those who had more than one episode of homelessness. The results of the study revealed that forty percent of the persons interviewed in the study were homeless for the first time and that the two groups were similar in many ways. For example, there was evidence of mental and physical illness present in both groups and rates of previous hospitalizations did not differ between the two groups.

Similarly, Bowdler and Barrell (1987) identified the health needs of the homeless by conducting a health needs analysis on a group of homeless individuals in Richmond, VA. They used the Neuman systems model (Neuman, 1995) which they describe as an open-systems model that incorporates aspects of stress/adaptation theory as well as holism to the understanding of health. Seventy clients at the shelter completed a survey with twenty closed-choice questions. The results of the study concluded that mental health problems, including substance abuse, had a high prevalence and that physical health problems were many, varied and usually treated at the local teaching hospital.

From an occupational therapy perspective, Kavanagh and Fares (1995) conducted a case study of a homeless mentally ill client using the Model of Human Occupation (Kielhofner, 2002). The authors identified the three subsystems of volition, habituation and performance, and occupational adaptation. The authors also reported a relationship between the three subsystems and the client's performance. Group homes were identified as an institutional environment that was conducive to successful rehabilitation of their clients and that occupational therapists using the Model of Human Occupation are able to support the complex needs of such clients.

Homeless individuals may present occupational therapists with a different set of circumstances and challenges as opposed to clients normally seen in the more traditional hospital or outpatient settings. The occupational areas (including work, leisure, and self-care performance areas as well as the physical, social, and cultural contexts) are going to be different for the homeless population. For example, discharge planning for homeless clients who are without health insurance, adequate financial resources, and permanent housing will present a challenge to the individual in obtaining items such as durable medical equipment and follow-up therapy services.

Occupational adaptation (OA) can be described as a process in which there is an interaction between the person and the occupational environment (Schkade & Schultz, 1992). The person is viewed as consisting of sensorimotor, psychosocial, and cognitive components. The environment is viewed as composed of physical, social, and cultural components. The interaction between these two sets of components results in an occupational challenge which contains certain role expectations and generates an occupational response. Another key concept is that within the person there is a desire for mastery. The environment presents a demand for mastery resulting in an interaction between the person and the environment which results in a press for mastery.

In addition, there are three sub-processes: (a) the adaptive response generation sub-process, (b) adaptive response evaluation sub-process, and (c) the adaptive response integration sub-process. The adaptive response generation sub-process consists of two parts, the adaptive response mechanism that selects energy levels, methods, and

behaviors and the adaptation gestalt. The adaptive response evaluation sub-process is an evaluation of the response generated by the adaptive response generation sub-process. Within the evaluation process relative mastery is assessed. Within the adaptive response integration sub-process learning occurs and becomes integrated into the person systems (Schkade & Schultz, 1992; Schultz & Schkade, 2003).

The purpose of this study was to describe the internal adaptation process, occupational environments, and occupations of a homeless individual from an OA perspective (Schkade & Schultz, 1992; Schultz & Schkade, 2003). The specific aims of the study were to gain an increased understanding of the (a) internal adaptation process of homeless individuals, (b) occupational environments of homeless individuals, and (c) occupations of homeless individuals. The theory of OA has previously been shown to be beneficial in understanding the homeless population (Johnson, 2006).

Methods

Design

The primary purpose of qualitative research is to reveal the viewpoints of people, the meanings they assign to their experiences, and interpret the world as it appears to them (DePoy & Gitlin, 2003). A case study is a particular form of qualitative research. Some case studies utilize a single informant while others may use several informants. Whether or not one chooses the single case study design or multiple cases can be based on the availability of informants or on personal preference. This study is based on a single case. According to Creswell (1998), the use of more than one case may water

down the overall analysis and can lead to lack of depth in the study. Legault and Rebeiro (2001) encourage occupational therapists to undertake single-case studies in their practice as a way to begin to build an evidence base to support the use of occupation within mental health.

Sample

This case study involved a participant recruited from a men's shelter in a large southwestern metropolitan city. The treatment program at the men's development center is six months in duration and includes treatment for chemical dependency, relapse prevention, work therapy, personal development, career development, and spiritual development. Christian character and a Christian work ethic are stressed. The participant was initially recruited by the director of the shelter and was asked if he would like to participate in a research project which required him to answer some questions about activities that he does as part of his everyday life. Approval was obtained from the Institutional Review Board of the university and written informed consent was obtained prior to commencement of the interview/evaluation. The interview took place at the center and was conducted by the principal investigator.

For purposes of this study, the criterion for homelessness was a lack of housing for at least the last seven days preceding the interview/assessment.

Case Study

The participant whom we will call Jackson (a pseudonym) is a 43 year old male who had been at the shelter for about two weeks at the time of the interview. Jackson has never been married and has no children. He reported that he has brothers and sisters in the area but has lost touch with them. He also stated that his physical health is good, he can read and write, and he is bilingual (English and Spanish). Currently he helps out around the shelter by sweeping the floor and volunteering through the shelter with a local food bank. He also reports that he spends a considerable amount of time reading and studying the Bible. Jackson reports that he is committed to renewing his faith in Christ, is determined to excel and is highly motivated to change his current situation. Currently he is on parole for an unnamed offense. He has been in shelters prior to this stay and has been fired from several jobs because he is unable to get along with his supervisors. He admits to a long history of substance abuse and that his relationships with the opposite sex have been limited for the past 25 years to married women and prostitutes. His only hobby is lifting weights. Jackson stated the best time in his life was the two years he stayed at a Christian facility in a neighboring town (apparently he was sent there by the district attorney). His current short term goals include buying a vehicle and seeking employment at a local chemical plant. His long term goals include having a relationship with a “good Christian woman” and getting a job in the produce industry.

One of the first steps in occupational therapy is assessment of the client. In Jackson’s case, he reports having a history of difficulty in getting along with supervisors

which has caused him to be fired from his job on more than one occasion. He has limited contact with family members which decrease his social support system. He has a long history of substance abuse, previous episodes of homelessness, and his relationships with the opposite sex have been limited to prostitutes. His sensorimotor skills appear to be intact and he is able to take care of his own basic ADL needs. His attention span is sufficiently long enough for him to sit through a 45 minute interview, and he is able to speak two languages. Even though he was able to answer the questions appropriately, Jackson could benefit from a formal cognitive assessment, especially given his history of substance abuse and occupational maladaptation. Jackson could also benefit from a formal psychosocial assessment given his history of risky behaviors and previous incarcerations.

Discussion

The purpose of this case study was to examine Jackson from an occupational adaptation perspective. As far as Jackson's occupational adaptation is concerned, it appears that his adaptive response patterns have become hyperstabilized. His history indicates he may have a limited capability for adaptation. Jackson's adaptive response generation subprocess appears to select primary energy most of the time. The theory of OA believes the amount of adaptation energy a person has is bounded or finite over the course of a lifetime. Within this supply of energy there are basically two types: primary energy and secondary energy. Primary energy is focused and is used at a high rate. Primary energy is needed to initiate and meet an occupational challenge. Secondary

energy is more creative and is used at lesser rate than primary energy (Schkade & McClung, 2001). Jackson's propensity to use primary energy may account for his inability to respond appropriately to supervisors resulting in his multiple dismissals from various employers. His occupational environments are dysadaptive. His social environment has included drug dealers, drug users, and prostitutes. All of this has limited Jackson's ability to achieve relative mastery in relation to his occupational roles within the occupational environments.

Once the assessment of Jackson was complete, the next step is planning an intervention process. Occupational adaptation essentially has two treatment modalities or techniques which are occupational readiness and occupational activity. Occupational readiness consists of preparatory techniques, assistive devices, or education. The role of occupational readiness is to prepare a client for participation in occupational activities. Occupational activities are those that are occupational in nature and can help encourage and advance the occupational adaptation process. Remembering to keep the roles and the occupational environments of the client in mind when selecting either occupational readiness or occupational activities is important (Schkade & Schultz, 1992; Schultz & Schkade, 2003). Another important point to remember in the OA process is that the client's role is to function as his own agent of change and the therapist's role is to act as the agent for the client's occupational environment (Schkade & Schultz, 1992; Schultz & Schkade, 2003).

As far as the treatment plan for Jackson, I would use a combination of both occupational activities and occupational readiness. The choice of occupational activities would be based on the clients' perception of which occupations may be more therapeutic. The chosen occupational activities would need to be ones that would allow Jackson to achieve an adequate level of relative mastery. The theory of OA postulates that relative mastery consists of three properties which are: efficiency, effectiveness, and satisfaction to self and others (Schkade & Schultz, 1992; Schultz & Schkade, 2003). Relative mastery is also an individual experience and may be different for each individual. In Jackson's case, relative mastery will allow him to be able to identify his areas of improvement and his contribution toward his improved status and to evaluate his own responses and progress toward achieving the goals he has set for himself (Schkade & McClung, 2001). Jackson has a long history of dysadaptive behavior and choosing occupations that are too difficult, at least initially, may lead to frustration which could further impede his ability to improve his occupational adaptation process. Once the client starts to show some increase in his ability to adapt, i.e., he will begin to integrate changes into his responses or at least begin to recognize that his responses are dysadaptive and that they may need to change. At this point, the occupational challenges could be increased as new learning takes place and new skills are acquired. Jackson's occupational activities need to progress to a point where he is able to manage his energy levels, especially in confrontational settings at his job. Also, his occupational activities should assist him in making appropriate choices with regards to his social relationships and facilitate reconnecting with his family. Caton et al. (2007) in a study concerning risk factors for long term

homelessness identified the median number of days were fewer for the homeless who returned to live with family and friends. At some point, occupational readiness could be used to educate the client about substance abuse issues and some of his other risk seeking behaviors. Currently, Jackson is involved in a faith based shelter and reports that he is benefitting from his religious study there.

So now I'm renewing my faith, I'm renewing my dedication and commitment to Christ. So, that's the highest, I can't get no better than that. Cause God knows my motives, he knows my plans, he knows he has a purpose for me. (Jackson, personal communication, 2007)

Brizer (1995) has suggested that an affiliation with a group advocating a coherent belief system such as Alcoholics Anonymous or a church may lead to abstention from illicit drugs and alcohol. As the intervention progresses, Jackson's internal adaptation process should continue to improve. Hopefully, he would be able to start to recognize the deficits that are occurring in his adaptive responses and how those deficits are affecting his roles and his occupational environment. With the knowledge of his deficits he may be able to construct more adaptive responses and gain relative mastery over his occupational challenges.

Conclusion

As with any hypothetical patient, it is impossible to know the outcome of the treatment since there was no actual treatment provided. It is possible to speculate based on the assessment, as to what type of treatment regiment that would be followed for a

particular type of client. In this case, the hypothetical treatment was based on the model of OA. Jackson clearly displayed some definite problems with his internal adaptation process. He has difficulty functioning within his occupational environments and was unable to achieve relative mastery within his chosen roles. One of the functions of the OA model is to assist the client in improving his internal adaptation process. Once Jackson is able to begin to improve his internal adaptation process, he should display an ability to adapt within his occupational environments and roles that have been diminished. It appears OA would be a beneficial model of practice to treat homeless individuals. As with any client, much of the success of therapy is based on the client him/her self. According to Le Granse, Kinébanian, & Josephsson (2006), occupational therapists believe that client motivation plays an important role in the intervention process both before and after discharge and there is no chance of success without client motivation. Another important fact to remember about OA is although motivation is not specifically addressed, the model does encourage the client to engage in occupational activities that are meaningful and important to him/her which, in turn, may improve the client's own internal adaptation process resulting in outcomes with some degree of relative mastery.

CHAPTER VI

CONCLUSION AND IMPLICATIONS

The overall intent of this dissertation was to study the experience of homelessness from an occupational therapy perspective. The first study provided a synthesis of the occupational therapy literature regarding homelessness. The second study examined the occupational participation of homeless individuals with regard to their: volition; recurrent patterns, i.e. roles and habits, in their everyday lives; capacity for occupational performance; and, physical and social environments. The third study described the internal adaptation process, occupational environments, and occupations of homeless individuals. The key components described in this chapter are a synthesis and discussion of the research findings from the three studies, implications for occupational therapy, future research, and final thoughts.

Findings

The specific aims of the first study were (a) to gain an understanding of the occupational therapy literature as it pertains to the homeless; (b) to explore the concepts of occupation, adaptation, roles, habits and environment in the occupational therapy literature regarding the homeless; and (c) to synthesize the occupational therapy literature regarding the homeless for future research. After examining the qualitative occupational literature regarding the homeless, various suppositions concerning homelessness were identified from the different ways in which the literature was presented. Five key areas

were identified in the literature. They are: (a) perspectives on homelessness, (b) lived experiences, (c) student fieldwork experiences with the homeless, (d) life skills, and (e) models of practice. The meta-synthesis provided: an increased understanding of the homeless literature within occupational therapy; offered details from the original research reports concerning the inclusion/exclusion of several occupational therapy concepts; and gave a synthesis for future researchers to evaluate the occupational therapy literature regarding homelessness. Although every attempt was made to include the available qualitative occupational therapy literature regarding homelessness, there were some omissions discovered after the fact. In retrospect, the services of a competent librarian would have been valuable to assist with the literature search and to obtain advice on a more comprehensive search strategy.

The second study provided some insight into the occupational participation of homeless individuals. The specific aims of the second study were to examine homeless individuals with regard to their (a) volition; (b) recurrent patterns, i.e., roles and habits, in their everyday lives; (c) capacity in occupational performance areas; and (d) physical and social environments. The results revealed that the participants had problems facilitating participation in occupation. Only thirteen percent of the participants indicated they were able to “facilitate participation” in occupation. Law (2002) has reported that a lack of participation may lead to poor health and well-being. The findings of this study suggest occupational participation may be an important component for intervention with the homeless. In this investigation, three main themes emerged from the qualitative information provided by the interviews, including (a) religiosity, (b) substance abuse, and

(c) family support. The participants in this study reiterated how important their faith was to them and how it would help them with their battle against illicit drugs and alcohol. A majority of the participants readily admitted that substance abuse was a significant factor regarding the current episode of homelessness. The importance of family support may also be important for effectively mitigating one of the factors for homelessness.

The purpose of the third study was to examine an individual from an occupational adaptation perspective. The specific aims of the third study were to gain an increased understanding of the (a) internal adaptation process of homeless individuals, (b) occupational environments of homeless individuals, and (c) occupations of homeless individuals. The theory of OA has previously been shown to be beneficial in understanding the homeless population by allowing the occupational therapist to focus on all areas of the person, environment, and the person-environment interaction in order to establish which areas are obstructing the normal adaptation process (Johnson, 2006). The case study participant in this research revealed deficits in his: internal adaptation process; occupational environments; occupational roles; and with energy selection. In addition, evidence was shown of an inability to achieve relative mastery within his chosen roles.

Implications for Practice

As this line of research has demonstrated, there are many factors associated with a person becoming homeless. Some organizations explicate a goal of eradicating homelessness in the United States and cite the lack of affordable housing as the primary reason for homelessness in the United States (National Alliance to End Homelessness,

2007; National Coalition for the Homeless, 2007). Is that the answer, lack of affordable housing? Could eradicating homelessness really be that easy? Would other factors identified as possible causes for homelessness such as substance abuse, domestic violence, mental illness, or gambling disorders, just disappear if everyone had affordable housing? Eradicating homelessness completely doesn't appear any more feasible than eradicating substance abuse, mental illness, or domestic violence. A more important question to answer may be how to reduce the incidence of chronic homelessness.

Livingston and Miller (2006) note that occupational therapists are especially suited for helping the episodically homeless, those who have been in emergency shelters previously and the chronically homeless, those with multiple emergency shelter admissions.

Occupational therapists are adept in understanding the role of occupational participation and its connection to disability; they could certainly play a valuable role in reducing chronic homelessness.

Occupational therapists have much to offer the homeless population. Our unique knowledge about occupation and adaptation may provide important opportunities for homeless individuals to adapt to their current situation. While learning to increase their internal adaptation process, their cycle of homelessness could be broken. Adaptation has been at the core of occupational therapy since the early days of the profession. Adolph Meyer (1922) was one of the first to acknowledge that certain diseases may present problems of adaptation. Fidler and Fidler (1978) asserted that adaptation helps individuals to cope with everyday problems and to fulfill age specific life roles. King (1978) explicated the importance of adaptation as a unifying concept in occupational

therapy. Spencer, Davidson, and White (1996) described adaptation in terms of a life long cumulative process in which individuals remember past experiences as a way of influencing the future. The previous examples reiterate the importance of adaptation to the practice of occupational therapy. Occupational therapists need to continue focusing on the concept of adaptation when designing interventions with the homeless population. Occupational Adaptation provides a way for therapists to focus on the internal adaptation process of the individual by observing them in their day to day activities. An improvement in the internal adaptation process may lead to increased occupational functioning in the homeless population. Perhaps, if we start to treat the problem (inability to adapt) rather than symptoms (homelessness), the theory of OA could become a tool for intervention with the homeless.

The OA model offers a unique opportunity for intervention with the homeless population because OA focuses on the internal adaptation process that exists within each individual. Every person has his/her own individual internal adaptive response mechanism whether or not the person's life is affected by disease or disability. The goal of the occupational therapist practicing from an OA point of view is to frame the problem from an occupational adaptation perspective. Therapists need to gather information regarding the homeless client's occupational roles and determine which roles are the most important to the client. How does the environment fit into the equation? Are there particular social or cultural issues that may affect the outcome of therapy? How about physical environmental barriers? What is the homeless individual's occupational response to some of these challenges? Can the homeless client appropriately evaluate and

integrate the responses into their person system? Does the homeless client have sensorimotor, cognitive, or psychosocial deficits? What is the client's level of relative mastery? Schkade and McClung (2001) remind us that OA informs us how to ask the right questions rather than what to do.

Research Recommendations

Occupational Adaptation has been shown previously to be a useful model of practice or frame of reference with applications to different areas of occupational therapy research. Gibson and Schkade (1997) have shown the benefits of using OA with cerebral vascular accident (CVA) clients. Jackson and Schkade (2001) highlighted improved patient satisfaction and more efficient outcomes with the use of OA interventions for people with hip fractures. Johnson and Schkade (2001) revealed improved mobility skills for CVA clients were obtained when OA interventions were employed. Pasek and Schkade (1996) exhibited the benefits of relative mastery (a component of OA) to adolescent skiers with limb deficiencies. Garrett and Schkade (1995), using the Occupational Adaptation Model of Professional Development (OAMPD), have shown the OAMPD helps to facilitate the transition from classroom to practice for occupational therapy students on fieldwork. Stelter and Whisner (2007) used the theory of OA with mentally ill criminal offenders in a sheltered workshop program. Gillot, Holder-Walls, Kurtz, and Varley (2003) used OA as a frame of reference to translate themes for stroke survivors undergoing a home program with constraint induced movement therapy. Bouteloup and Beltran (2007) used OA as a frame of reference to study a child with

behavioral problems. Johnson (2006) has shown the theory of OA to be beneficial in understanding the homeless population. There are also numerous dissertations from Texas Woman's University explicating the merits of using OA in research and practice. As the research literature has shown, the efficacy of OA has been demonstrated with several different types of clients. Currently, the use of OA with the homeless is limited to one study (Johnson, 2006). However, OA can be relevant for a variety of settings and populations (Schkade & Schultz, 1992; Schultz & Schkade, 2003).

Research opportunities with the homeless population are abundant. Future OA research could focus on either the episodically homeless or the chronically homeless. Other subgroups within the homeless population such as victims of domestic violence, homeless women and children, or homeless persons with substance abuse issues could be studied as well. Another area for research for occupational therapists could involve non-occupational therapy literature regarding homelessness. Kielhofner (2004) discusses the importance of using knowledge obtained from other disciplines to support our own unique knowledge. Through research outside of occupational therapy, occupational therapists may be able to capitalize on the knowledge of other disciplines to improve on our current knowledge of treating homeless persons.

Final Thoughts

This line of research is important in order to gain a better understanding of the literature on homelessness, analyze information concerning the occupational performance of homeless individuals through the Occupational Circumstances Assessment Interview

and Rating Scale, and demonstrate the application of the OA frame of reference regarding the internal occupational adaptation process of homeless individuals. Based upon the information obtained from each of the three studies, it is this researcher's hope that an increased understanding of the experience of homelessness has been achieved which, in turn, may assist occupational therapists in developing effective assessment and intervention strategies for those who find themselves homeless.

REFERENCES

- American Occupational Therapy Association (n.d.). Retrieved November 30, 2003, from <http://www.aota.org>
- American Occupational Therapy Association. (2002). Occupational therapy practice framework: Domain and process. *American Journal of Occupational Therapy, 56*, 609-639.
- American Occupational Therapy Association. (2008). Occupational therapy practice framework: Domain and process (2nd ed.). *American Journal of Occupational Therapy, 62*, 625-683.
- Aviles, A., & Helfrich, C. (2006). Homeless youth: Causes, consequences and the role of occupational therapy. *Occupational Therapy in Health Care, 20*, 99 – 114.
- Baron, K., Kielhofner, G., Goldhammer, V., & Wolenski, J. (1999). *A user's manual for the Occupational Self-Assessment (OSA) (Version 1.0)*. Chicago: The Model of Human Occupation Clearinghouse, Department of Occupational Therapy, University of Illinois at Chicago.
- Bouteloup, Z., & Beltran, R. (2007). Application of the occupational adaptation framework in child and adolescent occupational therapy practice. A case study. *Australian Occupational Therapy Journal, 54*, 228–238.

- Bowdler, J., & Barrell, L. (1987). Health needs of homeless persons. *Public Health Nursing, 4*, 135-140.
- Brizer, D. (1995). Religiosity and drug abuse among psychiatric inpatients. *American Journal of Drug Alcohol Abuse, 19*, 337-345.
- Davis, J., & Kutter, C. (1998). Independent living skills and posttraumatic stress disorder in women who are homeless: Implications for future practice. *American Journal of Occupational Therapy, 52*, 39-44.
- Caton, C., Dominguez, B., Schanzer, B., Hasin, D, Shrout, P., Felix, A., et al. (2005). Risk factors for long-term homelessness: Findings from a longitudinal study of first-time homeless single adults. *American Journal of Public Health, 95*, 1753-1759.
- Davis, J., & Kutter, C. (1998). Independent living skills and posttraumatic stress disorder in women who are homeless: Implications for future practice. *The American Journal of Occupational Therapy, 52*, 39-44.
- Dixon, L., Stewart, B., Krauss, N., Robbins, J., Hackman, A. & Lehman, A. (1998). The participation of families of homeless persons with severe mental illness in an outreach intervention. *Community Mental Health Journal, 34*, 251-259.
- DePoy, E., & Gitlin, L. (1994). *Introduction to research*. St. Louis, MO: Mosby
- Drake, M. (1992). Level I fieldwork in a daycare for homeless children. *Occupational Therapy and Psychosocial Dysfunction, 8*, 215-224.

- Fidler, G. & Fidler, J. (1978). Doing and becoming: Purposeful action and self-actualization. *American Journal of Occupational Therapy*, 32, 305-310.
- Finlayson, M., Baker, M., Rodman, L., & Herzberg, G. (2002). The process and outcomes of a multimethod needs assessment at a homeless shelter. *American Journal of Occupational Therapy*, 56, 313-321.
- Fisher, G. & Hotchkiss, A. (2007). A model of occupational empowerment for marginalized populations in community environments. *Occupational Therapy in Health Care*, 22, 55-71.
- Forsyth, K., Shilpa, D., Kielhofner, G., Henriksson, C., Haglund, L., Olson, L., et al. (2005). *The occupational circumstances assessment interview and rating scale version 4.0*. Chicago: University of Illinois at Chicago.
- Garrett, S. & Schkade, J. (1995). Occupational adaptation model of professional development as applied to level II fieldwork. *American Journal of Occupational Therapy*, 49, 119 – 126.
- Gibson, J. & Schkade, J. (1997). Occupational adaptation intervention with patients with cerebrovascular accident: A clinical study. *American Journal of Occupational Therapy*, 51, 523 – 529.
- Gillot, A., Holder-Walls, A., Kurtz, J., & Varley, N. (2003). Perceptions and experiences of two survivors of stroke who participated in constraint-induced movement therapy home programs. *American Journal of Occupational Therapy*, 57, 168–176.

- Goering, P., Tolomiczenko, G., Sheldon, T., Boydell, K., & Wasylenki, D. (2002). Characteristics of persons who are homeless for the first time. *Psychiatric Services, 53*, 1472-1474.
- Gorsuch, R. (1995). Religious aspects of substance abuse and recovery. *Journal of Social Issues, 51*, 65-83.
- Griner, K. (2006). Helping the homeless: An occupational therapy perspective. *Occupational Therapy in Mental Health, 22*, 49-61.
- Gutman, S., Mortera, M., Hinojosa, J., & Kramer, P. (2007). The issue is the revision of the occupational therapy practice framework. *American Journal of Occupational Therapy, 61*, 119-126.
- Helfrich, C., Aviles, A., Badiani, C., Walens, D., & Sabol, P. (2006). Life skill interventions with homeless youth, domestic violence victims and adults with mental illness. *Occupational Therapy in Health Care, 20*, 189-206.
- Herzberg, G., & Finlayson, M. (2001). Development of occupational therapy in a homeless shelter. *Occupational Therapy in Health Care, 13*, 131-144.
- Heubner, J., & Tryssenaar, J. (1996). Development of an occupational therapy practice perspective in a homeless shelter: A fieldwork experience. *Canadian Journal of Occupational Therapy, 63*, 24 – 32.

- Heuchemer, B., & Josephsson, S. (2006). Leaving homelessness and addiction: Narratives of an occupational transition. *Scandinavian Journal of Occupational Therapy, 13*, 160 -169.
- Jackson, J., & Schkade, J. (2001). Occupational adaptation model vs. biomechanical rehabilitation model in the treatment of patient with hip fractures. *American Journal of Occupational Therapy, 55*, 531 – 537.
- Johnson, J. (2006). Describing the phenomenon of homelessness through the theory of occupational adaptation. *Occupational Therapy in Health Care, 20*, 63-80.
- Johnson, J., & Schkade, J. (2001). Effects of an occupation-based intervention on mobility problems following a cerebral vascular accident. *Journal of Applied Gerontology, 20*, 91 – 110.
- Jones, M. (2004). Application of systematic review methods to qualitative research: Practical issues. *Journal of Advanced Nursing, 48*, 271–278.
- Kavanagh, J., & Fares, J. (1995). Using the model of human occupation with homeless mentally ill clients. *British Journal of Occupational Therapy, 58*, 419-422.
- Kielhofner, G. (1995). *Model of human occupation: Theory and application* (2nd ed.). Baltimore: Williams & Wilkins.
- Kielhofner, G. (2002). *Model of human occupation: Theory and application* (3rd ed.). Baltimore: Lippincott Williams & Wilkins.

- Kielhofner, G. (2004). *Conceptual foundations of occupational therapy* (3rd ed.). Philadelphia: F.A. Davis Company.
- Kielhofner, G. (2008). *Model of human occupation: Theory and application* (4th ed.). Baltimore: Lippincott Williams & Wilkins.
- King, L. (1978). Toward a science of adaptive responses. *American Journal of Occupational Therapy*, 32, 429 – 437.
- Kohlman-Thompson, L. (1992). *The Kohlman evaluation of living skills* (3rd ed.). Rockville, MD: American Occupational Therapy Association.
- Kannenberg, K., & Boyer, D. (1997). Occupational therapy evaluation and intervention in an employment program for homeless youths. *Psychiatric Services*, 48, 631 – 633.
- Law, M. (2002). Participation in the occupations of everyday life, 2002 Distinguished Scholar Lecture. *American Journal of Occupational Therapy*, 56, 640–649.
- Law, M., Baptiste, S., & Mills, J. (1995). Client-centred practice: What does it mean and does it make a difference? *Canadian Journal of Occupational Therapy*, 62, 250–257.
- Law, M., Cooper, B., Strong, S., Steward, D., Rigby, P., & Letts, L. (1996). The person-environment occupation model: A transactive approach to occupational performance. *Canadian Journal of Occupational Therapy*, 63, 9–23.

- Law, M., Baptiste, S., Carswell, A., McColl, M., Polatajko, H., & Pollock, N. (1998). *Canadian occupational performance measure* (3rd ed.). Toronto: Canadian Association of Occupational Therapists.
- Legault, E., & Rebeiro, K. (2001). Occupation as means to mental health: A single-case study. *American Journal of Occupational Therapy*, *55*, 90-96.
- Le Granse, M., Kinébanian, A., & Josephsson, S. (2006). Promoting autonomy of the client with persistent mental illness: A challenge for occupational therapists from The Netherlands, Germany and Belgium. *Occupational Therapy International* *13*, 142–159.
- Livingston, B., & Miller, K. (2006). Systems of care for persons who are homeless in the United States. *Occupational Therapy in Health Care*, *20*, 31-46.
- McColl, M. (2000). Spirit, occupation, and disability. *Canadian Journal of Occupational Therapy*, *67*, 217-229.
- McDonald, A. (2006). The after-school occupations of homeless youth: Three narrative accounts. *Occupational Therapy in Health Care*, *20*, 115 – 133.
- Meyer, A. (1922). The philosophy of occupational therapy. *Archives of Occupational Therapy*, *1*, 1-10.
- Miller, K., Bunch-Harrison, S., Brumbaugh, B., Kutty, R., & Fitzgerald, K. (2005). The meaning of computers to a group of men who are homeless. *American Journal of Occupational Therapy*, *59*, 191-197.

- Muñoz, J., Dix, S., & Reichenbach, D. (2006). Building productive roles: Occupational therapy in a homeless shelter. *Occupational Therapy in Health Care, 20*, 167 – 187.
- Muñoz, J., Garcia, T., Lisak, J., & Reichenbach, D. (2006). Assessing the occupational performance priorities of people who are homeless. *Occupational Therapy in Health Care, 20*, 135 – 148.
- Muñoz, J., Reichenbach, D., & Hansen, A. (2005). Project employ: Engineering hope and breaking down barriers to homelessness. *Work, 25*, 241 – 252.
- National Alliance to End Homelessness. (2007). Retrieved June 11, 2007 from <http://www.endhomelessness.org>
- National Coalition for the Homeless. (1999). Retrieved March 3, 2004 from <http://nch.ari.net>
- National Coalition for the Homeless. (2007). Retrieved June 11, 2007 from <http://nch.ari.net>
- Neuman, B. (1995). *The Neuman systems model* (3rd ed.) Norwalk, CT: Appleton & Lange.
- Nollan, K.A., Horn, M., Downs, C.A., & Pecora, P.J. (2002). *Ansell-Casey Life Skills Assessment (ACLSA) and life skills guidebook manual*. Seattle, WA: Casey Family Programs.

.Office of the Law Revision Counsel, U.S. House of Representatives. Title 42, Chapter 119, Subchapter I, Section 11302. (n.d.) Retrieved March 3, 2004, from <http://uscode.house.gov/uscode>

Paterson, B. L., Thorne, S. E., Canam, C., & Jillings, C. (2002). *Meta-study of qualitative health research*. Thousand Oaks, CA: Sage Publications.

Pasek, P. & Schkade, J. (1996). Effects of a skiing experience on adolescents with limb deficiencies: An occupational adaptation perspective. *American Journal of Occupational Therapy, 50*, 24 - 31.

Petrenchik, T. (2006). Homelessness: Perspectives, misconceptions, and considerations for occupational therapy. *Occupational Therapy in Health Care, 20*, 9-30.

Pickett-Schenk, S., Cook, J., Grey, D., & Butler, S. (2007). Family contact and housing stability in a national multi-site cohort of homeless adults with severe mental illness. *Journal of Primary Prevention, 28*, 327 – 339.

Ray, S. (2006). Mother-toddler interactions during child-focused activity in transitional housing. *Occupational Therapy in Health Care, 20*, 81 – 97.

Sandelowski, M., & Barroso, J. (2002). Finding the findings in qualitative studies. *Journal of Nursing Scholarship, 34*, 213-219.

Schkade, J., & Schultz, S. (1992). Occupational adaptation: Toward a holistic approach to contemporary practice, Part 1. *American Journal of Occupational Therapy, 46*, 829-837.

- Schkade, J., & McClung, M. (2001). *Occupational adaptation in practice: Concepts and cases*. Thorofare, NJ: Slack.
- Schultz, S., & Schkade, J. (1992). Occupational adaptation: Toward a holistic approach to contemporary practice, Part 2. *American Journal of Occupational Therapy*, 46, 917-926.
- Schultz, S., & Schkade, J. (2003). Occupational Adaptation. In E.B. Crepeau, E.S. Cohn, & B.A. Schell, (Eds.), *Willard & Spackman's occupational therapy* (10th ed.; pp. 220-223). Philadelphia: Lippincott, Williams, & Wilkins.
- Schultz-Krohn, W. (2004). The meaning of family routines in a homeless shelter. *American Journal of Occupational Therapy*, 58, 531-542.
- Schultz-Krohn, W., Drnek, S., & Powell, K. (2006). Occupational therapy intervention to foster goal setting skills for homeless mothers. *Occupational Therapy in Health Care*, 20, 149-166.
- Spencer, J., Davidson, H., & White, V. (1996). Continuity and change: Past experience as adaptive repertoire in occupational adaptation. *American Journal of Occupational Therapy*, 50, 562-534.
- Stelter, L., & Whisner, S. (2007). Building responsibility for self through meaningful roles: Occupational adaptation theory applied in forensic psychiatry. *Occupational Therapy in Mental Health*, 23, 69-84.

- Taylor, E., Mitchell, J., Kenan, S., & Tacker, R. (2000). Attitudes of occupational therapists toward spirituality in practice. *American Journal of Occupational Therapy, 54*, 421-427.
- Totten, C., & Pratt, J. (2001). Innovation in fieldwork education: Working with members of the homeless population in Glasgow. *British Journal of Occupational Therapy, 64*, 559 – 563.
- Tryssenaar, J., Jones, E., & Lee, D. (1999). Occupational needs of a shelter population. *Canadian Journal of Occupational Therapy, 66*, 188-196.
- Unruh, A., Versnel, J., & Kerr, N. (2002). Spirituality unplugged: A review of commonalities and contentions, and a resolution. *Canadian Journal of Occupational Therapy, 69*, 5-19.
- VanLeit, B., Starrett, R., & Crowe, T. (2006). Occupational concerns of women who are homeless and have children: An occupational justice critique. *Occupational Therapy in Health Care, 20*, 47-62.
- Williams, B. (2008). An exploratory study of older adults' perspectives of spirituality. *Occupational Therapy in Health Care, 22*, 3-19.

APPENDIX A

OCAIRS

ROLES

- Do you have any family responsibilities? Are you managing to keep up with these?
- How much contact do you have with your family or friends? How often do they telephone/visit?
- Do you have any responsibilities here?
- What are your needs relating to your culture or religion?
- What else do you do? What other roles do you fill?

F	<input type="checkbox"/> Occupational roles reflect a highly productive lifestyle <input type="checkbox"/> High level of satisfaction with current roles <input type="checkbox"/> Fulfils a wide range of role responsibilities
A	<input type="checkbox"/> Occupational roles reflect a somewhat productive lifestyle <input type="checkbox"/> Some satisfaction with current roles <input type="checkbox"/> Minor difficulty in fulfilling a wide range of role responsibilities
I	<input type="checkbox"/> Occupational roles fail to constitute a productive lifestyle <input type="checkbox"/> Very little satisfaction with current roles <input type="checkbox"/> Major difficulty in fulfilling a wide range of role responsibilities
R	<input type="checkbox"/> No occupational roles <input type="checkbox"/> Alienated from roles <input type="checkbox"/> Cannot fulfill a wide range of role responsibilities

HABITS

- What would you like your routine to be like?
- How is your sleep pattern now?
- Describe a typical weekday (before you were here). Were your weekends any different?
- What is your routine now? Are you able to do what you want to do?
- Has your routine changed (since you arrived here)? If so how?
- Are you satisfied with your current routine?

F	<input type="checkbox"/> Highly organized daily schedule <input type="checkbox"/> Good balance between work, rest, self-care and leisure <input type="checkbox"/> Satisfied with daily routine
A	<input type="checkbox"/> Some organization of daily schedule <input type="checkbox"/> Some balance between work, self-care and leisure <input type="checkbox"/> Somewhat satisfied with daily routine
I	<input type="checkbox"/> Very little organization of daily schedule <input type="checkbox"/> Very little balance between work, self-care and leisure <input type="checkbox"/> Very little satisfaction with daily routine
R	<input type="checkbox"/> No organized daily schedule <input type="checkbox"/> No balance between work, self-care and leisure <input type="checkbox"/> Dissatisfied with daily routine

PERSONAL CAUSATION

- How well do you think you understand your own abilities?
- What things do you feel you do well, or are proud of?
- What things have been difficult for you? Can you give me an example of something you have found difficult to cope with recently? How did you handle it?
- What is the most difficult thing for you at the moment?
- How successful do you think you will be over the next six months?
- How do you think you will achieve this?
- Is there anything you thought you may be able to do, but have problems achieving?

F	<input type="checkbox"/> Strong confidence in abilities <input type="checkbox"/> Anticipates success in next six months <input type="checkbox"/> Identifies a number of things (3 or more) done well/proud of
A	<input type="checkbox"/> Some confidence in abilities. <input type="checkbox"/> Anticipates somewhat successful outcomes within next six months <input type="checkbox"/> Some difficulty in identifying something done well/proud of
I	<input type="checkbox"/> Very little confidence in abilities <input type="checkbox"/> Significant concerns about failures within next six months <input type="checkbox"/> Major difficulty in identifying something done well/proud of
R	<input type="checkbox"/> No confidence in abilities <input type="checkbox"/> Anticipates failure in next six months <input type="checkbox"/> Does not identify anything done well/proud of

VALUES

- What do you value most in your life? (What or who is most important to you?)
- Are you able to live by your values or ideals at present? If not, why not?
- Are there any other things that are important to you?

F	<input type="checkbox"/> Identifies distinct and specific values <input type="checkbox"/> Strong conviction about expressed values <input type="checkbox"/> Expresses complete congruence between own values and current life situation
A	<input type="checkbox"/> Identifies somewhat ambiguous values <input type="checkbox"/> Some conviction about expressed values <input type="checkbox"/> Expresses some congruity between own values and current life situation
I	<input type="checkbox"/> Loosely identifies very ambiguous values <input type="checkbox"/> Very little conviction about expressed values <input type="checkbox"/> Expresses very little congruity between own values and current life situation
R	<input type="checkbox"/> Does not identify any values <input type="checkbox"/> No conviction/alienation about expressed values <input type="checkbox"/> Expresses no congruity between own values and current life situation

INTERESTS

- What interests or hobbies do you have? Is there anything that stops you from currently participating?
- How often do you get to do them?
- Are there any activities here that you would like to do in this environment?
- What would you like to do with your time when you leave the shelter?

F	<input type="checkbox"/> Participates in many interests regularly outside of work <input type="checkbox"/> High level of interest in primary occupation <input type="checkbox"/> High level of satisfaction with level of participation in an interest(s)
A	<input type="checkbox"/> Participates in few, but clearly expressed, interests regularly outside of work <input type="checkbox"/> Some interest in primary occupation <input type="checkbox"/> Some satisfaction with level of participation in an interest(s)
I	<input type="checkbox"/> Few & vaguely defined interest outside work, no regular participation <input type="checkbox"/> Very little interest in primary occupation <input type="checkbox"/> Very little satisfaction with level of participation in an interest(s)
R	<input type="checkbox"/> Does not participate in any identified interests outside of work <input type="checkbox"/> No interest in primary occupation <input type="checkbox"/> Dissatisfaction with level of participation

SKILLS

- Are you able to concentrate, problem-solve, and make decisions to get things done?
- Do you have any physical complaints which limit what you do during the day?
- Are you able to overcome any problems you have?
- Do you complete tasks to your satisfaction (e.g. Too fast, too slow)?

•Do you prefer to work alone or with others? How well do you work with others? Do you feel comfortable in a group situation?

F	<input type="checkbox"/> No limitations in performance due to good skills <input type="checkbox"/> Effectively compensates for any limitations in skills (if any)
A	Participation is allowed but there are some limitations in performance of: <input type="checkbox"/> Motor Skills <input type="checkbox"/> Process Skills <input type="checkbox"/> Communication/ Interaction Skills
I	Participation is inhibited due to significant limitations in: <input type="checkbox"/> Motor Skills <input type="checkbox"/> Process Skills <input type="checkbox"/> Communication/ Interaction Skills
R	Participation is restricted due to severe limitations in: <input type="checkbox"/> Motor Skills <input type="checkbox"/> Process Skills <input type="checkbox"/> Communication/ Interaction Skills

INTERPRETATION OF PAST EXPERIENCES

- When you think about your life so far, do you think you have had a good deal or a bad deal?
- What was happening to you around the time of your becoming homeless?
- Give an example of the best period of your life.
- Give an example of the worst period of your life.
- What effect do you think your past experience has had on your current situation?

F	<input type="checkbox"/> Expresses very positive feelings about past experiences <input type="checkbox"/> Characterizes past as time of great performance and accomplishment
A	<input type="checkbox"/> Expresses somewhat positive feelings about past experiences <input type="checkbox"/> Presents best and worst period(s) with equal emphasis
I	<input type="checkbox"/> Expresses mostly negative feelings about past experiences <input type="checkbox"/> Places more emphasis on worst period(s) than best period(s) of life
R	<input type="checkbox"/> Expresses only negative feelings about past experiences <input type="checkbox"/> Discusses only worst period(s), unable to identify best period(s)

READINESS FOR CHANGE

- Tell me about a time when you experienced a big change in your life (around the time of your becoming homeless.) What did you do, did things become better or worse?
- How do you cope when your expected daily routine changes? Is it difficult for you to adjust?
- How do you react when someone criticizes you or challenges you about an issue) e.g. about your behavior here)? Do you get angry with them? What kinds of things do you do when you are angry? Do you feel sad? What kind of things do you do when you feel sad?

F	<input type="checkbox"/> Adjusts well to feedback/changes in personal/environmental circumstances <input type="checkbox"/> Highly motivated to make positive changes; clearly identifies areas client wants to work on
A	<input type="checkbox"/> Some difficulty in adjusting to feedback/changes in personal/environmental circumstances <input type="checkbox"/> Some motivation to make positive changes; has some difficulty in identifying areas client wants to work on
I	<input type="checkbox"/> Significant difficulty in adjusting to feedback/changes in personal/environmental circumstances <input type="checkbox"/> Very little motivation to make positive changes; has significant difficulty in identifying areas client wants to work on
R	<input type="checkbox"/> Rejects feedback/changes in personal/ environmental circumstances <input type="checkbox"/> Makes inadequate changes or modifications; does not identify areas client wants to work on

PHYSICAL ENVIRONMENT

- How do you feel about the physical environment here? How could it be improved?
- Is it better or worse than where you were living before? Why?
- Are there places that you would like to go to that you are currently not able to access?
- Do you manage to get things done that are important to you?
- Are you able to keep your possessions accessible?
- Does your environment afford enough privacy?
- Do you feel the physical environment has an effect on your behavior?

F	<input type="checkbox"/> Demands/Constraints in the physical environment provide strong support for successful role performance <input type="checkbox"/> Ample resources/opportunities (money, transportation, facilities etc.) to support participation in desired activities
A	<input type="checkbox"/> Demands/Constraints in the physical environment provide some support and allow role performance <input type="checkbox"/> Sufficient resources/opportunities (money, transportation, facilities etc.) which provide some support and allow participation in desired activities
I	<input type="checkbox"/> Demands/Constraints in the physical environment provide very little support and inhibit successful role performance <input type="checkbox"/> Limited resources/opportunities (money, transportation, facilities etc) provide very little support and inhibit participation in desired activities
R	<input type="checkbox"/> Demands/Constraints in the physical environment provide no support and restrict successful role performance <input type="checkbox"/> Inadequate resources/opportunities (money, transportation, facilities etc) provide no support and restrict participation in desired activities

SOCIAL ENVIRONMENT

- How do you find the other clients at the shelter?
- Do you spend a lot of time alone? Who do you spend most of your time with? Do you have any friends here?
- Who are the most important people in your life right now?
- Do you hear from them and/or see them as often as you would like to?
- Where do you feel most vulnerable or at risk?
- If you need help or support, who do you turn to? Can you talk to your family/friends/staff?
- Are you able to form trusting relationships?

F	<input type="checkbox"/> Other persons (family/friends/co-workers) provide strong support which facilitates participation <input type="checkbox"/> Has ample opportunities for social participation
A	<input type="checkbox"/> Other persons (family/friends/co-workers) provide some support which allows some participation <input type="checkbox"/> Has some opportunities for social participation
I	<input type="checkbox"/> Other persons (family/friends/co-workers) provide very little support which inhibits participation <input type="checkbox"/> Has very few opportunities for social participation
R	<input type="checkbox"/> Social support (family/friends/co-workers) is missing from the social environment which restricts participation <input type="checkbox"/> Does not have opportunities for social participation

GOALS

- Do you ever set goals for yourself/make plans for the future? Have you followed through with any of them?
- What goals do you have for the next week? The next month?
- How are you going to achieve them?
- Do you have any long-term goals? (1 year, 5-10 years) How will you accomplish them?
- Do you feel able to set goals at present?

SHORT-TERM GOALS

F	<input type="checkbox"/> Identifies achievable yet substantial short-term goal(s) <input type="checkbox"/> Coherently discusses realistic plan(s) for meeting goals <input type="checkbox"/> Actively participating in the execution of the plan(s)
A	<input type="checkbox"/> Identifies goal(s) that may be difficult to achieve or, if readily achievable, are insubstantial <input type="checkbox"/> Discusses somewhat unrealistic plan(s) for meeting goal(s) <input type="checkbox"/> Somewhat participating in the execution of the plan(s)
I	<input type="checkbox"/> Identifies vague or conflicting goals that will be very difficult to achieve <input type="checkbox"/> Discusses a plan that is not realistic <input type="checkbox"/> Very little participation in the execution of the plan(s)
R	<input type="checkbox"/> Does not identify any short-term goal(s) or has unachievable goal <input type="checkbox"/> Does not discuss plan, abandons his/her plans easily <input type="checkbox"/> No participation in the execution of the plan(s), doing nothing to achieve goal(s)

LONG-TERM GOALS

F	<input type="checkbox"/> Identifies achievable yet substantial long-term goal(s) <input type="checkbox"/> Coherently discusses realistic plan(s) for meeting goals i.e. short-term goals correspond to long-term goals <input type="checkbox"/> Actively participating in the execution of the plan(s)
A	<input type="checkbox"/> Identifies long-term goal(s) that may be difficult to achieve or, if readily achievable, are insubstantial <input type="checkbox"/> Discusses somewhat unrealistic plan(s) for meeting goal(s), i.e. short-term goals somewhat related to long-term goals <input type="checkbox"/> Somewhat participating in the execution of the plan(s)
I	<input type="checkbox"/> Identifies vague or conflicting long-term goals that will be very difficult to achieve <input type="checkbox"/> Discusses a plan that is not realistic. Short-term goals unrelated to long-term goals <input type="checkbox"/> Very little participation in the execution of the plan(s)
R	<input type="checkbox"/> Does not identify any long-term goal(s) or has unachievable goal <input type="checkbox"/> Does not discuss plan, abandons his/her plans easily <input type="checkbox"/> No participation in the execution of the plan(s), doing nothing to achieve goal(s)

APPENDIX B

IRB and Consent Forms

TEXAS WOMAN'S UNIVERSITY
CONSENT TO PARTICIPATE IN RESEARCH

Title: AN INVESTIGATION INTO THE HOMELESS PHENOMENON: AN OCCUPATIONAL
THERAPY PERSPECTIVE

Investigator: Michael Bradley 832/687-8301
Advisor: Gayle Hersch, Ph.D. 713/794-2153

Explanation and Purpose of the Research

You are being asked to participate in a research study for Mr. Bradley's dissertation at Texas Woman's University. The purpose of this research is to examine the everyday lives of homeless men. Occupational participation includes the ways in which one participates in activities of everyday life. In particular, this study will examine homeless males in the following areas: 1) your motivation; 2) routine patterns, i.e. roles and habits, in your everyday lives; 3) your capacity for doing activities; and, 4) your physical and social surroundings.

Research Procedures

For this study, the investigator will conduct face-to-face interviews of homeless males. This interview will be done at the Star of Hope Men's Development Center at a time agreed upon by you and the investigator. You will be audio-taped during the face-to-face interview. The purpose of the audio-taping is to provide a transcription of the information discussed in the interview and to assure the accuracy of the reporting of that information. Your maximum total time commitment in the study is estimated to be approximately one to two hours

Potential Risks

Potential risks related to your participation in the study include fatigue, loss of time, and emotional discomfort during your interview. To avoid fatigue, you may take a break (or breaks) during the interview as needed. If you experience emotional discomfort regarding the interview questions, you may stop answering any of the questions at any time. You understand that Texas Woman's University will not be able to provide medical care or financial assistance for injuries that might happen as a result of my participation in this research. However, if you feel that you are in need of counseling as a result of your participation in the interview, please let your director, Mr. Drury know about your situation.

Participant Initials
Page 1 of 2

Approved by the
Texas Woman's University
Institutional Review Board
Date: 6-26-09

Think SUCCESS  Think TWU

Title of study: AN INVESTIGATION INTO THE HOMELESS PHENOMENON: AN OCCUPATIONAL THERAPY PERSPECTIVE

Another possible risk to you as a result of your participation in this study is release of confidential information. Confidentiality will be protected to the extent that is allowed by law. The interview will take place in a private location agreed upon by you and the researcher. A code name, rather than your real name, will be used on the audiotape and transcription. Only the investigator and his advisor will have access to the tapes. The tapes, hard copies of the transcriptions, and the computer diskettes containing the transcription text files will be stored in a locked filing cabinet in the investigator's office. The tapes and transcription diskettes will be erased and the hard copies of the transcriptions will be shredded within 1 year. It is anticipated that the results of this study will be published in the investigator's dissertation as well as in other research publications. However, no names or other identifying information will be included in any publication.

The researchers will try to prevent any problem that could happen because of this research. You should let the researchers know at once if there is a problem and they will help you. However, TWU does not provide medical services or financial assistance for injuries that might happen because you are taking part in this research.

Participation and Benefits

Your involvement in this research study is completely voluntary, and you may discontinue your participation in the study at any time without penalty. The only direct benefit of this study to you is that at the completion of the study a summary of the results will be mailed to you upon request.*

Questions Regarding the Study

If you have any questions about the research study you may ask the researchers; their phone numbers are at the top of this form. If you have questions about your rights as a participant in this research or the way this study has been conducted, you may contact the Texas Woman's University Office of Research at 713-794-2840. You will be given a copy of this signed and dated consent form to keep.

Signature of Participant

Date

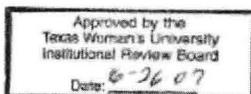
The above consent form was read, discussed, and signed in my presence. In my opinion, the person signing said consent form did so freely and with full knowledge of its contents.

Signature of Investigator

Date

* If you would like to receive a summary of the results of this study, please provide an address to which this summary should be sent.

Page 2 of 2



CONSENT TO RECORD

Texas Woman's University
AN INVESTIGATION INTO THE HOMELESS PHENOMENON: AN
OCCUPATIONAL THERAPY PERSPECTIVE

You consent to have your voice recorded by Michael Bradley, acting on this date under the authority of the Texas Woman's University with the understanding that the material recorded today may be made available for research purposes, and you consent to such use.

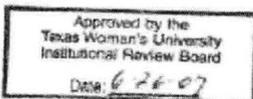
Participant

Date

The above consent form was read, discussed, and signed, and you sign this consent form freely and with full knowledge and understanding of its contents.

Representative of the
Texas Woman's University

Date



Think SUCCESS  Think TWU

Script for Recruitment

The potential participants will initially be recruited by the director of the shelter. The following are recruitment questions:

1. Would you like to participate in a research project with a doctoral student at Texas Woman's University which requires you to answer some questions about activities that you do that as part of your everyday life?
2. You are in no way obligated to participate in the study. You will not be penalized for declining to participate in the study and you are allowed to withdraw at any time.
3. You can refuse to answer any question or questions during the interview.
4. It normally takes approximately 2 hours to complete this particular interview but it is possible that it could take longer depending on the amount of conversation that is involved.
5. Once you have agreed to be in the study, the student Mike Bradley will arrange with the director for meeting times with you.



Hope for Houston's Homeless Men, Women and Children

May 30, 2007

To Whom It May Concern:

Michael Bradley, a student at Texas Woman's University has permission from the Director of Star of Hope Men's Development Center, Dick Druary, to interview the residents of the shelter primarily for the purpose of completing his research project for further education.

Sincerely,

Lionese Young
Lionese Young, Administrative Assistant
Star of Hope Men's Development Center

Doris and Carlos Morris
Men's Development Center

5811 Bulb • Houston, Texas 77002-1321 • 713-227-8900 • 713-227-5703 Fax • www.sohmission.org



MEMORANDUM

TO: Gayle Hersch
Don M. Bradley TWU ID # 0005917

FROM: IRB

DATE: June 26, 2007

SUBJECT: IRB Application

Proposal Title "An investigation into the homeless phenomenon: An occupational therapy perspective"

Your application to the IRB has been reviewed and approved.

This approval lasts for 1 year. The study may not continue after the approval period without additional IRB review and approval for continuation. It is your responsibility to assure that this study is not conducted beyond the expiration date.

Any changes in the study or informed consent procedure must receive review and approval prior to implementation unless the change is necessary for the safety of subjects. In addition, you must inform the IRB of adverse events encountered during the study or of any new and significant information that may impact a research participant's safety or willingness to continue in your study.

REMEMBER TO PROVIDE COPIES OF THE SIGNED INFORMED CONSENT TO THE OFFICE OF RESEARCH, ROOM 10110 WHEN THE STUDY HAS BEEN COMPLETED. INCLUDE A LETTER PROVIDING THE NAME(S) OF THE RESEARCHER(S), THE FACULTY ADVISOR, AND THE TITLE OF THE STUDY. GRADUATION MAY BE BLOCKED UNLESS CONSENTS ARE RETURNED.


William P. Hanten, Ed.D.
Chairperson

IRB APPROVAL FORM

Name of Investigator(s) Don Michael Bradley
 TWU ID# (s) 0005917
 Name of Research Advisor(s) Gayle Hersch, PhD, OTR
 Address: 6700 Fannin
School of O.T.
Houston TX 77030
 Type of Review: Full Expedited

Dear Mr. Bradley:

Your study entitled: *An investigation into the homeless phenomenon: A occupational therapy perspective (The applicant must complete the top portion of this form)*

has been reviewed by the **Institutional Review Board** - Houston Center and it appears to meet our requirements in regard to protection of the individual's rights.

Please be reminded that both the University and the Department of Health and Human Services regulations typically require that signatures indicating informed consent be obtained from all human subjects in your study. These are to be filed with the **Institutional Review Board** Chairman. Any exception to this requirement is noted below. Furthermore, according to HHS regulations, **another review by the IRB is required if your project changes or if it extends beyond one year from this date of approval.**

Any special provisions pertaining to your study are noted below:

- _____ The filing of signatures of subjects with the Institutional Review Board is not required.
- _____ Other: see attached sheet.
- _____ No special provisions apply.

Sincerely,

William P. Hanten
 William Hanten, **PhD**
 Chair, IRB - Houston Center

6-26-07
 Date

INSTITUTIONAL REVIEW BOARD COMMITTEE REPORT FORM

APPLICANT'S NAME: Don Michael Bradley

TWU ID NUMBER: 0005917

PROPOSAL TITLE: An investigation into the homeless phenomenon: An occupational therapy perspective

Applicant must complete top portion of this form)

DATE: 4/18/07

1
 Disapprove Approve *Beth Smith*

Disapprove Approve *Al Weigand*

Disapprove Approve *Christy*

Disapprove Approve *Arnold*

Disapprove Approve

**FULL OR EXPEDITED REVIEW
APPLICATION TO THE INSTITUTIONAL REVIEW BOARD**

This form is designed to implement review of the proposed projects for which a justifiable risk to human participants exists. To determine whether Full Review or Expedited Review is required, refer to the **Human Participants in Research: Institutional Review Board Policies and Procedures**, pp. 11-15. Approval is required prior to the initiation of the research project. The Principal Investigator will be notified if the Institutional Review Board requires additional information.

A **Full Review** requires a duly convened session of the IRB. Nine copies of this completed form, the Statement of Informed Consent, the IRB Approval Form, and the Committee Approval Form must be submitted to the Office of Research (MGJ 913) at least 5 working days prior to a regularly scheduled IRB meeting.

An **Expedited Review**, which requires approval by three IRB members, can be submitted at any time. The review process is likely to take about 3 weeks. Three copies of all documents are required.

To complete this form electronically, type information into the blanks provided. If your typing fills the blank, text will wrap automatically. Print out, secure appropriate signatures, and submit the correct number of copies (along with accompanying documents) to the Office of Research, MJG 913. Paper-clip each set of papers-**no staples, please.**

I. DESCRIPTIVE INFORMATION

Principal Investigator(s) Don Michael Bradley TWU ID #: 0005917

TWU ID #: _____

Faculty Advisor (if applicable) Gayle Hersch, Ph.D. Dept. Occupational Therapy

Title of Study AN INVESTIGATION INTO THE HOMELESS PHENOMENON: AN
OCCUPATIONAL THERAPY PERSPECTIVE

This investigation requires (mark the appropriate box):

Full Review because vulnerable population

Expedited Review because _____

Estimated beginning date of the study 6/30/2007

Estimated duration of the study ONE YEAR

Research being conducted for (place an X in the appropriate box):

- | | | |
|---|--|--------------------------------------|
| <input type="checkbox"/> Professional Paper | <input checked="" type="checkbox"/> Dissertation | <input type="checkbox"/> Pilot Study |
| <input type="checkbox"/> Thesis | <input type="checkbox"/> Class Project | <input type="checkbox"/> Faculty |

Is this research being conducted for a non-university sponsor?

- Yes; Name of Sponsor _____
 No

METHODOLOGY

1. Describe the purpose of study (include the research questions or hypotheses).

The purpose of this research is to examine the occupational participation of homeless individuals. Occupational participation includes the ways in which one engages in activities of everyday life. The specific aims of this study are to examine male homeless individuals within the following areas: 1) their volition, 2) recurrent patterns, i.e. roles and habits, in their everyday lives, 3) their capacity for occupational performance, and, 4) their physical and social environments.

2. Describe the procedures related to recruitment of participants. Provide a detailed description of how the recruitment process will occur. Please attach all recruitment materials, including a detailed statement or script of what will be said during the recruitment process.

The interview will take place in a private room at the Star of Hope Men's Development Center. The potential participants will initially be recruited by the director of the shelter and will be asked if they would like to participate in a research project which requires them to answer some questions about activities that they do that as part of their everyday lives. The potential participants will be told that they are in no way obligated to participate in the study and that they are allowed to withdraw at any time. The potential participants will also be told that they can refuse to answer any question or questions during the interview. The participants will be informed that it normally takes about 45 minutes to complete this particular interview but it is possible that it could take longer depending on the amount of conversation that is involved.

3. What is the maximum total time commitment for the participants involved?

Approximately 2 HOURS

4. Describe in detail the procedures that will be used.

The participants will be evaluated using The Occupational Circumstances Assessment Interview and Rating Scale (OCAIRS) Version 4.0. The OCAIRS is a semi-structured interview that gathers information about a client concerning various aspects of their lives. These aspects include information about their roles, habits, personal causation, values, interests, goals, interpretation of past experiences, physical environment, social environment, and readiness for change. Also included is information concerning motor skills, process skills, and interaction skills. In addition, some demographic information will be collected such as ethnicity, age, and length of time homeless

SEE APPENDIX A and Appendix B.

5. Will you be videotaping as a part of this study? Yes No

IRB-H 2004-15

With sound

Without sound

6. Will you be audiotaping as a part of this study? Yes No

If you answered "yes" to question #5 or 6, describe the purpose of taping and explain who will have access to the tapes.

The primary purpose of the audiotapes is to ensure that the entire qualitative portion of the assessment is contained. The tapes will be transcribed by the original researcher and will be available to the advisor only. Instead of names, pseudonyms will be used to protect confidentiality.

7. Participant Information:

a. Approximate number of participants: 15

b. Age of participants: >18 YRS. AND OLDER

Provide an explanation for using the age group described above:

This research is only interested in adults. The assessment that I am using is not appropriate for children. Also, homeless children carry a compounded vulnerability status, one they are children and secondly they are homeless.

c. Sex of participants Male Female Both

If you are using only male or female participants, provide your rationale for inclusion/exclusion of participants based on sex:

Males only are being used since issues relating to the personal lives of the participants are being discussed and the interviewer is male. The issues relate to things like values, habits, goal, and family issues. A complete list of the questions that will be asked during the interview is attached. See appendix A for a complete list of the questions.

d. Participants will be excluded based on ethnicity: Yes No

If you answered "yes" to question # 7d, describe the ethnicity of participants and the rationale for exclusion based on ethnicity.

e. Explain any other inclusion/exclusion criteria to be used in this study

The participants will be able to speak English and will be able to respond to an interview as determined by the Director of the shelter.

8. Setting of the study.

a. Will participants be affiliated with a specific institution, organization, or other entity? Yes No

If you answered "yes" to 8a, address the following:

What is the name of institution, organization, or other entity with which your participants are affiliated?

Star of Hope Men's Development Center

What is the association or affiliation of the principal investigator to this organization or institution?

None

Agency approval letters are typically required by the IRB before approval can be granted. If you answered "yes" to 8a, please attach the signed agency approval letter(s) from the agency(ies) on letterhead. If there are extenuating circumstances preventing you from obtaining agency approval prior to submitting the application to the IRB, explain here.

See attached letter

- b. Describe the setting of the study:
The interviews will be conducted in a private room provided by the center.

- 9. List and describe any instrument(s) to be used, including personality tests, inventories, assessments, or questionnaires. Attach, as an appendix, a copy of the instrument(s) and a transcript of any instrument that is administered verbally.**

OCAIRS, See Attached

The OCAIRS is a semi-structured interview that gathers information about a client concerning various aspects of their lives. These aspects include information about their roles, habits, personal causation, values, interests, goals, interpretation of past experiences, physical environment, social environment, and readiness for change. Also included is information concerning motor skills, process skills, and interaction skills. The OCAIRS is scored on the following four point rating system:

F= Facilitates: Facilitates participation in occupation

A= Allows: Allows participation in occupation

I= Inhibits: Inhibits participation in occupation

R= Restricts: Restricts participation in occupation.

For the purpose of this study, the descriptive analysis will include information about the total number of scores on each item of the four point rating scale as well as the mean score and the mode for each item on the scale. In addition, each of the major categories from the assessment will be summarized in tabular format indicating the number of responses for each category from the four point rating scale. Demographic information including ethnicity and age of the participants will be collected as well. Brief case studies will be presented for each participant regarding their level of occupational participation according to the rating scale. The qualitative information will be obtained from field notes taken by the examiner during the administration of the assessment, audiotapes of the interviews, and comments made by the participants during the assessment. It should be noted here that the OCAIRS is a semi-structured interview and the qualitative portion of the assessment will primarily consist of comments made by the participants during the study. A discussion of themes may be presented providing the data obtained reflects any major patterns or themes. Although not the primary intention of the

assessment, if themes happen to emerge from the data, then they will be duly noted in the Results section.

POTENTIAL RISKS AND PROTECTION OF PARTICIPANT RIGHTS

10. Explain the potential risks to the human participants involved in this research. All risks must be identified.

RISK	STEPS TO MINIMIZE RISK
Loss of confidentiality	The interviews will be stored in a locked file cabinet. Pseudonyms will be used to protect confidentiality.
RISK	STEPS TO MINIMIZE RISK
Fatigue and loss of time	The participants will be allowed to take breaks at their request and time of interview will be arranged according to what is best for the participants.
RISK	STEPS TO MINIMIZE RISK
Emotional discomfort	The participants will be allowed to take breaks or stop the interview at their request.
RISK	STEPS TO MINIMIZE RISK

(Use continuation pages if necessary)

11. CONFIDENTIALITY

In accordance with the obligation to protect the welfare of and minimize risks to research participants, the IRB wishes to notify researchers of potential exceptions to confidentiality which may arise during a research project. A principal investigator in a research study *must* report cases of *known or suspected child abuse* that come to her/his attention at any time during the course of the research process.

The Texas Family Code mandates that all persons who have cause to believe that a child's physical or mental welfare is being abused or neglected by any person *shall* make a report regarding the belief that abuse is occurring to: (1) Child Protective Services (800-252-5400) or (2) any local or state law enforcement office. Individuals who make such a report are immune from criminal or civil liability as long as they act in good faith. Individuals who act in bad faith are not immune from criminal or civil liability. The failure to report cases of known or suspected child abuse is a class B misdemeanor, punishable by up to one year in jail. Reports must include the name and address of the child, the name and address of the individuals responsible for the child's care, and other pertinent information regarding the alleged/suspected abuse or neglect. Reports may be made anonymously.

Because of this mandate, all researchers conducting a expedited or full review study must include the following statement in their consent form: "*Confidentiality will be protected to the extent that is allowed by law.*"

Outline the steps to be taken to protect the rights and welfare of the participants with regard to confidentiality of identifiable data by addressing the following items:

IRB-H 2004-18

- a. Where will identifiable data be stored? (Specify precise location, preferably in a locked file cabinet with limited access by others.)

The data will be stored in a locked file cabinet at the principal investigator's home. Only the principal investigator and his advisor will have access to the data.

- b. Give the date that identifiable data will be destroyed (mm/dd/yy). If identifiable data will be stored for an indefinite period of time, please explain.

The identifiable data (consent forms will be the only identifiable data, all other forms will contain pseudonyms) will be shredded upon completion of the dissertation (approximately December 31, 2007).

- c. Identify specific ways that identifiable data (i.e., paper documents, audio and video recordings, and computer data) will be destroyed at the end of this period of time.

Paper documents will be shredded, computer files will be deleted from the computer hard drive, and audiotapes will be erased from the recorder.

DEBRIEFING

12. Will participants be told about the intent of the study prior to participating? Yes No

If "no," then provide the IRB with the debriefing method you will use to fully inform the participants of the study's intent and an explanation of why deception is necessary. Where deception is used as a part of the study, explain how participants will be debriefed regarding the study variables and all intents and purposes of the study. The participants must be given an explanation on how to obtain a final copy of the research report. In the space below, be specific about what information will be shared with participants and how.

13. Explain when and how the participants will be given the opportunity to ask questions.

The participants will be allowed questions or comments at anytime during the interview and/or during the informed consent process.

14. Explain when and how the participants will be provided with the results of the study.

If the participants are interested in the results of the study, upon completion of the study they will be provided a copy at the address indicated on the consent form.

BENEFITS

15. Will there be any direct benefits to participants? Yes No

If "yes," list the potential benefits TO THE PARTICIPANTS as a result of their participation in the study. "Benefits" include, but are not limited to, financial remuneration, free services, access to information, and access to an intervention.

16. Explain any other potential benefits of this study (e.g., contribution to knowledge in field).

The benefits will be limited to the results of the study which may provide the participants with information concerning their occupational participation which may allow them some insight into their current situation as a homeless individual. Findings from the study will contribute to the occupational therapy literature and body of knowledge on homelessness.

INFORMED CONSENT PROCEDURES

17a. If you will use written informed consent, explain how that consent will be obtained. Informed consent will be obtained via a written document prior to the start of the interview. In addition, a consent to record will be obtained prior to the start of the interview as well.

17b. If you will not use written informed consent, provide a detailed rationale and explain how informed consent will be obtained.

RESEARCH TEAM MEMBERS

18. Provide a list of all research team members and their role on the project. Then attach to this application a copy of their current training certification. Attach additional pages if necessary.

Name of Team Member	Role on Project	Training Certificate Attached
Don Michael Bradley	PRINCIPAL INVESTIGATOR	<input checked="" type="checkbox"/>
Gayle Hersch	ADVISOR	<input checked="" type="checkbox"/>
Timothy Riestetter	Committee member	<input checked="" type="checkbox"/>
Kathlyn Reed	Committee member	<input checked="" type="checkbox"/>
Sally Schultz	Committee member	<input checked="" type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

SIGNATURE REQUIREMENTS

I attest that this is an accurate description of the proposed research protocol.

Signed Don Michael Bradley (Principal Investigator) 6-23-07 (Date)

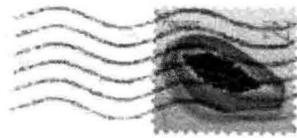
I. For students

APPENDIX C

Publication Correspondence

Marie-Louise F. Blount, Co-Editor
Occupational Therapy in Mental Health
New York University
35 Young Avenue
Croton-On-Hudson, NY 10520

06 OCT 2008 PM 2 L



Don Michael Bradley
East Carolina University
Dept. of Occupational
Therapy
Health Science Bldg., 3365
Greenville, NC 27858

10/05/08

YOUR PAPER ENTITLED: Occupational Parti-
cipation of Homeless Individuals

HAS BEEN RECEIVED BY **OCCUPATIONAL THERAPY IN MENTAL
HEALTH**. PAPERS ARE SENT OUT FOR REVIEW IN THE ORDER IN
WHICH THEY HAVE BEEN RECEIVED. YOU WILL RECEIVE A
LETTER FROM US WHEN YOUR PAPER IS SENT OUT FOR REVIEW.

MARIE-LOUISE F. BLOUNT
CO-EDITOR

Occupational Therapy in Health Care

Professor
Department of Occupational Therapy
3305 Health Sciences Building
School of Allied Health Sciences
East Carolina University
Greenville, NC 27858-4354

Phone: 252.744.6190
Fax: 252.744.6018
email: dickersona@ecu.edu

October 8, 2008

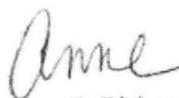
Don Michael Bradley
Assistant Professor
Department of Occupational Therapy
3305 Health Sciences Building
East Carolina University
Greenville, NC 27858

Dear Mike:

Your manuscript 08-246 Occupational Adaptation and Homelessness has been received and sent out for review.

Thank you for your contribution and I will forward you the comments when received.

Sincerely,



Anne E. Dickerson, PhD, OTR/L, FAOTA
Editor



Anne E. Dickerson, PhD, OTR/L, FAOTA, Editor

Occupational Therapy in Health Care

Professor

Department of Occupational Therapy
3305 Health Sciences Building
School of Allied Health Sciences
East Carolina University
Greenville, NC 27858-4354

Phone: 252.744.6190

Fax: 252.744.6018

email: dickersona@ecu.edu

October 8, 2008

Don Michael Bradley
Assistant Professor
Department of Occupational Therapy
3305 Health Sciences Building
East Carolina University
Greenville, NC 27858

Dear Mike:

Your manuscript 08-247 Occupational Therapy and Homelessness: A Meta-synthesis has been received and sent out for review.

Thank you for your contribution and I will forward you the comments when received.

Sincerely,



Anne E. Dickerson, PhD, OTR/L, FAOTA
Editor

Published by The Haworth Press, Inc
10 Alice Street, Binghamton, NY 13904-1580, USA
www.HaworthPress.com