RE-FRAMING HOMELESSNESS: AN OCCUPATIONAL ADAPTATION PERSPECTIVE

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ABSTRACT

Re-Framing Homelessness: An

Occupational Adaptation Perspective

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Homeless individuals experience an increasing number of problems. There are few interventions that address the necessary daily activities and roles required for productive living. Even so, there is a currently limited role for occupational therapy with the homeless. This researcher proposes that there is a role for occupational therapy which can improve the lives of the homeless. The focus could be on facilitating adaptation, developing role competencies, and increasing the individuals' ability to function productively and independently. However, before this can happen the phenomenon of homelessness must be explored from an occupational therapy perspective. The purpose of this line of research is to explore this phenomenon. This takes the form of three studies that examined: (a) role participation and performance in adults who are homeless; (b) perceptions of homeless people as to the cause of their situation; and (c) the phenomenon of homelessness through using the theory of Occupational Adaptation (Schkade & Schultz, 1992; Schultz & Schkade, 1992).

Qualitative methodologies were used to examine the research questions with homeless individuals. The results indicated: (a) a need for an expanded view of the

phenomenon of homelessness and that intervention needs to move away from only providing the basic needs, but assist in functioning successfully in life roles; (b) a lack of adaptation was the cause of homelessness and that intervention should focus on facilitating that adaptation process instead of focusing on external causes or circumstances; and (c) the theory of Occupational Adaptation was useful in identifying and understanding the factors (person and/or environment) that either facilitated or inhibited the adaptive process which allows individuals to live independent and productive lives. The results reveal that the theory of Occupational Adaptation will enable the occupational therapist to conceptualize the individuals' experience of homelessness in order to create a successful intervention plan.

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CHAPTER I

INTRODUCTION TO THE LINE OF RESEARCH

"No shelter from the homeless problem" (U.S. News, December 20, 1999). "New York struggles with rise in homeless population" (Cable News Network, December 25, 2000). "Teens accused of beating (homeless) man to death" (Cable News Network, June 25, 2001). "Bush pushes religious groups initiative (to include help for the homeless)" (Cable News Network, August 18, 2001). "Fed-up cities turn to evicting the homeless" (U.S. News, January 11, 1999). These types of news releases are being reported on a daily basis and represent some of the problems and issues surrounding homelessness. Given the inherent problems of the homeless as these news releases imply, the intent of this line of research is to explore the homeless phenomenon as to the reasons and causes of homelessness. Furthermore, the aim of this research is to examine the homeless phenomenon through an occupational therapy perspective. The following discussion in this chapter will assist the reader in understanding the demographic information of the homeless as it relates to the causes and problems of homelessness. In addition, this chapter will outline the purpose in detail and the methodologies for the line of research.

Homeless demographics

Before one can explore the homeless phenomenon, it is important to understand who the homeless are and the current thinking in terms of the problems associated with

homelessness. Therefore, the purpose of the following discussion is to provide the reader with some basic demographic information.

It is difficult to determine the number of individuals who are homeless at any given time. However, the National Law Center on Homelessness and Poverty (1999), estimates that more than 700,000 people are homeless on any given night, and up to two million people during one year. Fifty-one percent of the homeless population is between the ages of 31 and 50 (Burt, 1989). The United States Conference of Mayors' survey of homelessness found that children under the age of 18 accounted for 25% of the urban homeless population (as cited in National Coalition for the Homeless, February 1999). Most studies show that single homeless adults are male and make up 45% of the urban homeless population. Fourteen percent of the homeless population are single women (as cited in National Coalition for the Homeless, February 1999). Shinn and Weitzman stated that the number of homeless families with children (40%) has increased and are among the fastest growing members of the homeless population (as cited in National Coalition for the Homeless, February 1999). In 1998 the U.S. Conference of Mayors found that the homeless population was 49% African-American, 32% Caucasian, 12% Hispanic, 4% Native American, and 3% Asian (as cited in National Coalition for the Homeless, February 1999).

Causes of homelessness

There is a prevailing trend in the literature suggesting that the growing shortage of affordable housing and increase in poverty are to blame for the rise in homelessness

(National Coalition for the Homeless, June 1999). The U.S. Bureau of Census reported that in 1997, 35.6 million people in the United States lived in poverty (as cited in National Coalition for the Homeless, June 1999). In addition the number of people living in extreme poverty has increased over the last decade. Greenberg and Baumohol (as cited in National Coalition for the Homeless, June 1999) suggested that eroding work opportunities and a decline in public assistance account for the increasing number of people living in poverty. Additionally, lack of affordable health care has been cited as a cause of homelessness. According to the U.S. Bureau of the Census, obtaining health care following a loss of a job or a devastating illness or injury is difficult for individuals. It can lead to the inability to pay for health care and a depletion of savings (as cited in National Coalition for the Homeless, June 1999).

Domestic violence has also been cited as a cause of homelessness. Battered women who live in poverty are forced to choose between abusive relationships and homelessness (National Coalition for the Homeless, June 1999). Forty-six percent of the cities surveyed by the U.S. Conference of Mayors found that domestic violence was the primary cause of homelessness (as cited in National Coalition for the Homeless, June 1999).

Another frequently cited cause for homelessness is mental illness. Approximately 25% of the single adult homeless population suffers from severe mental illness (Koegel, et al, 1996). While these individuals may be able to live productive lifestyles with assistance, it is difficult for many of the mentally ill homeless people to obtain access to

supportive housing or other intervention services (National Coalition for the Homeless, June, 1999).

Finally, addiction disorders are mentioned as another plausible cause for homelessness. While the relationship between addiction and homelessness is controversial in terms of which problem came first, there is a relationship. Rates of alcohol and drug abuse are high among the homeless population (National Coalition for the Homeless, June 1999).

Statement of the Problem

Over the past decade there has been a significant rise in the number of homeless. A 1991 study examined homelessness "rates" (the number of shelter beds in a city divided by the city's population) in 182 U.S. cities with populations more than 100,000. Homelessness, according to Burt (1997) found that rates tripled between 1981 and 1989 (as cited in National Coalition for Homelessness, February 1999). A 1997 review of research conducted from 1987 to 1997 found that shelter capacities had more than doubled in many communities and states (National Coalition for the Homeless, February 1999).

Homeless individuals experience a number of problems, because homelessness is not simply a housing problem. The loss of one's home usually involves other losses, which makes life difficult to cope with and has serious implications. Homelessness "inevitably disrupts the sense of identity and feelings of self-worth and self-efficacy" (Buckner, Bassuk, & Zima, 1993, p. 385). The ability to retain some sense of dignity is

constantly challenged by the humiliation of daily life. The unremitting stresses (financial, lack of social support, abuse, victimization, unemployment, substance abuse, limited education, and health problems) related to homelessness and the basic need for survival is a constant test for individuals who are homeless (Buckner, Bassuk, & Zima, 1993; Jencks, 1994).

Existing programs

The primary services that exist for homeless individuals are shelters and soup kitchens. These facilities respond to basic emergency needs for food and protection from the elements. In recent years, both the number of facilities as well as the type of services provided has expanded, however these programs focus on utilization of external services and the learning of specific skills (Belcher & DiBlasio, 1990; Burt, 1989; Meisler, Blankertz, Santos, McKay, 1997; Morse, et al., 1996; Murray, Baier, North, Lato, & Eskew, 1997; Nuttbrock, Ng-Mak, Rahav, & Rivera, 1997; Stecher, et al., 1994). Services may include assistance with food and clothing, health care referrals, case management, transportation needs, social work, and counseling for substance abuse and mental illness, and abusive relationships. Also offered are legal services, job training and placement, religious services, childcare, education, housing referrals, financial assistance, and prevention. The development of day to day living skills appears to be a highly significant but overlooked necessity for successful use of all the services being provided.

Role of occupational therapy

Literature on the role of occupational therapy and its effectiveness with homelessness is sparse. Mitchell and Jones (1997) stated that occupational therapy is of value to individuals who are homeless since the role of occupational therapy is to address the functional problems experienced by the homeless on a daily basis. Drake (1992) described a program for homeless children in whom the primary goals were to address nutrition, emotional deprivation, and developmental delay. Grady (1995) stated that the role of the occupational therapist could be that of a care manager. Kavanagh and Fares (1995) used the Model of Human Occupation as a theoretical framework for occupational therapists treating individuals who are homeless. Mobsby (1996) stated that occupational therapy's "aim (with the homeless) is centered round the promotion of independence in terms of the functional skills of people with physical disabilities and/or mental health problems" (p. 558). Mace and Mobsby (1996) conducted research that demonstrated the role of the occupational therapist in assisting homeless individuals in acquiring skills in terms of activities of daily living, and promotion of higher levels of skill acquisition in order to develop skills such as personal care and home management (as cited in Mobsby, 1996). Davis and Kutter (1998) stated that the occupational therapist was trained to "facilitate the development of the skills that are necessary for living independently" (p. 41). While these scholars indicate the need and potential role for occupational therapy with the homeless, limited evidence is found as to the overall effectiveness of intervention programs.

Statement of Purpose

Homeless individuals experience an increasing number of problems. There are few interventions that address the necessary daily activities and roles required for productive living. Even so, there is currently a limited role for occupational therapy with the homeless. This researcher proposes that there is a role for occupational therapy which can improve the lives of the homeless. The focus could be on facilitating adaptation, developing role competencies, and increasing the individuals' ability to function productively and independently. However, before this can happen the phenomenon of homelessness must be explored from an occupational therapy perspective. The purpose of this line of research is to explore this phenomenon. This takes the form of three studies that examined: (a) role participation and performance in adults who are homeless; (b) perceptions of homeless people as to the cause of their situation; and (c) the phenomenon of homelessness through using the theory of Occupational Adaptation (Schkade & Schultz, 1992; Schultz & Schkade, 1992).

Chapters II, III, and IV will address the research questions, review of the literature, methodology, procedures, and results of each piece of the line of research. Chapter V provides a synthesis and analysis of the completed line of research.

CHAPTER II

COMPETENCIES NECESSARY FOR TYPICAL ADULT ROLES

The purpose of this article is to study the need for an expanded view of the phenomenon of homelessness. The results of this study revealed that the homeless population may have some significance when compared with the typical adult population. Society responds to homelessness by providing skill-based, externalized interventions. It is suggested that such interventions may actually hinder professionals' efforts to reduce homelessness. It is the opinion of this researcher that there is another fundamental, but overlooked, deficit among homeless persons. That deficit is identified by this researcher as the ability to be self-sufficient. Individuals who are homeless appear to be "stuck" in a long-standing pattern of being unable to perform their roles successfully. In other words, their role performance may have never been functional. The results of this study present evidence that homelessness is a result of poor role performance. This is contrasted with the pervasive view that emphasizes skill deficits or external factors as causative in homelessness. The broader perspective of role performance gives a context in which to understand skill deficits as well as identify dysfunctional role patterns that are highly resistant to intervention. It is espoused that dysfunctional role patterns may be the root of homelessness and the primary obstacle to redirection. The study suggests a need for changes in intervention. Meeting the basic needs such as food, clothing, and shelter has shown little impact on reducing the rate of homelessness. Interventions are needed that

assist homeless people to function successfully in the types of roles that support self-sufficiency.

Despite the long period of economic expansion in the United States, the number of homeless continues to increase. It is estimated that there are 760,000 people homeless on any given night, and 1.2 to two million people might experience homelessness during a given year (National Law Center on Homelessness and Poverty, 2000b). Homelessness is more than a housing problem. The sense of dignity is constantly challenged by everyday life. The unremitting stresses (financial, lack of social support, abuse, victimization, self victimization, unemployment, substance abuse, limited education, and health problems) and the basic needs for survival are constant stressors for individuals who are homeless (Buckner, Bassuk, & Zima, 1993; Jencks, 1994). The rising number of homeless individuals and the problems they demonstrate in meeting adult role expectations led this researcher to conduct an examination of role participation and performance in adults who are homeless. This study addressed the following research question, how do homeless adults function in terms of occupational roles in comparison to adults who are not homeless?

Literature Review

Although there is no consensus regarding the age when adulthood actually begins, some criteria or milestones have been mentioned in the literature. The two most prominent criteria in the human developmental literature are economic independence and independent decision making (Santrock, 1995). These two milestones do not occur

abruptly at a certain age; rather it is a gradual process that typically occurs between the ages of 17 and 33 (Levinson, 1978). For most individuals, finishing high school and/or college, moving away from home, and assuming a career marks the beginning of the transition to adulthood. The adult is an active participant in many roles such as student, "independent person," friend, spouse, and worker during this transition and once they have achieved adulthood. Success in much of the roles marks the individual's level of mastery as an adult.

Roles

The term role is borrowed from the sociology literature and is defined as positions in society that contain a set of expected responsibilities and privileges (Sarbin & Allen, 1968). Roles are the expected patterns of behavior associated with occupancy of a distinctive position in society and serve as vehicles for social involvement and productive participation in daily activities (Heard, 1977). Roles allow persons not only to participate in society but satisfy human needs through meeting environmental demands and the pursuit of goals and interests (Kielhofner & Burke, 1980). Kielhofner (1995) suggested that roles influence various aspects of interactions with others, help to organize activities and tasks into routines, and have an impact on the use of time.

Berger (1963) stated that humans devoted a considerable amount of energy and commitment to the development of a variety of role functions. As a result, an individual forms a personal identity and unique life style. The genesis of the role occurs in childhood through play, exploration, and relationships (Berger, 1963). As a child, the

role tasks are practiced and the social skills are developed that eventually allow adult roles to be successfully performed. The resulting adult roles allow an individual to participate in his or her environment and to satisfy human needs. The well-adjusted adult integrates all of his or her roles into a balanced life style.

Moorehead (1969) asserted that there was a hierarchical development of a role through play, chores, and activities. This development consisted of a process continuum throughout the life span requiring continual adaptations and acquisitions of new skills and habits. Hillman and Chapparo (1995) asserted that occupational roles were established through need and/or choice and were modified with age, ability, experience, circumstance, and time. They posited that participation in occupational roles was one means by which daily activities were determined and organized. In addition, time use was related to the age of the person or their stage of the life cycle (Black, 1976; Singleton & Harvey, 1995). In other words, age affected participation and time spent in activities and roles.

Role performance is viewed as a vital component of productive independent living. Role performance is individually determined and is, depending upon the person's own perceptions of what is expected of them by others, what they expect of themselves and what resources are available to them for achieving satisfactory performance (Berger, 1963).

Typical Young and Middle Adult Human Development Literature

Developmental theorists such as Piaget, Freud, Maslow, Erikson, Kohlberg, Buhler, Havighurst, and Peck have laid the foundation for human development. Of particular interest to this research, are the works of theorists who have described the life stages and developmental activities that go beyond that of a child into the development of adults.

Young adulthood.

The theorists agree that in early adulthood, individuals need and seek companionship and love from others. Young adults have a drive to share their lives with someone else; they want intimacy (Erikson, 1982; Havighurst, 1972; Levinson, 1978; Llorens, 1976; Peck, 1968). Young adulthood is the time when individuals have the need for achievement or adoption of definite goals which are usually met by a satisfying work situation and family life. Although the early 30's is a time of instability and change regarding career choices, the mid 30's is the time for reestablishment of professional goals; and well-developing adults are striving for advancement (Levinson, 1978; Llorens, 1976). They become clearer about their values and goals and have a better grasp of their potential for further growth and development. Young adults are deciding on beginning a family, managing a home, starting a career or employment, achieving economic independence, and becoming involved in the community through civic and social groups (Buhler, 1968; Erikson, 1982; Havighurst, 1972; Llorens, 1976).

As young adults take on these commitments and responsibilities, their thinking becomes more practical, flexible, realistic, and adaptive. This reasoning allows young adults to cope with complex problems that are often ambiguous and consist of the conflicting demands of day to day life (Rybash, J., Hoyer, W., & Roodin, P., 1986).

Moral development during young adulthood is evidenced by one's ability to recognize and understand that values and laws are relative and that principles may vary from one person to another and situation to situation. In addition, an individual will follow his or her conscience even if the consequence involves a personal risk (Kohlberg, 1984).

Middle adulthood.

The acceptance and adjustment to a variety of life changes such as the physiological and health changes that occur to the body and the varying roles played in society characterize middle adulthood. This time may be characterized by stress because of the financial and care giving obligations to their own adolescent children and to aging parents (Erikson, 1982; Havighurst, 1972; Llorens, 1976).

As the young adult, they are continuing to commit themselves to others through friendship, family, and intimate relationships. Affectionate love increases in middle adulthood but may decrease when children leave home after adolescence. Friendships continue to be important and are often deeper and more intimate (Erikson, 1982; Levinson, 1978; & Vaillant, 1977).

Erikson (1982) believed that middle aged adults face a significant issue in life, generativity versus stagnation. This seventh stage in his life span theory states that generativity contains an adult's plan for what they hope to leave for the next generation, leaving one's legacy to the next generation. Stagnation occurs when individuals sense that they have nothing to leave the next generation. As a result, middle-aged adults begin to feel a sense of urgency as they feel they are expected to attain life's goals. Adults during this time are more productive, reaching career consolidation (stable and coherent) and social and civic responsibility (Vaillant, 1977). They are nurturing and passing down wisdom and skills to their own children. Emotional flexibility is essential in order to adapt to these many changes (e.g., death of parents, divorce, independence of children) (Peck, 1968). Moreover, the middle-aged adult's cognitive processes are more intuitive, automatic, and flexible. The middle-aged adult may find the need to realign their life goals as a result of being vulnerable to dissatisfaction with family life and career choices. There does appear to be a time when the middle-aged adult does settle down and accept his or her life (Gould, 1978). Vaillant's expansion of Erikson's adult development stages states that from approximately 45 to 55 years of age, adults feel more relaxed because they have met their goals or accepted the fact that they have not (Vaillant, 1977).

In summary, effective participation in roles is a normal and typical part of adulthood. Literature on adult human development readily reveals a number of typical roles and their resulting activities that mark young and middle adulthood.

Homeless Adult Development Literature

Although the literature is sparse regarding the role participation and functioning of the homeless population, there is a vast amount of literature focused on describing the homeless population. These descriptions center around two major themes: (a) predictors of homelessness, and (b) demographics on the homeless.

The literature is replete with information regarding the predictors or, what is understood as "causes"of homelessness. Some of the most commonly identified causes include the lack of affordable housing, eroding work opportunities, poverty, and lack of social support services (Fagan, 1995; Furnham, 1996; Main, 1998; Morris, 1997; National Alliance to End Homelessness, 1998; National Coalition for the Homeless, June 1999; National Law Center on Homelessness and Poverty, 2000; Shinn, 1997). In recent years, trends have followed an increase in rent, destruction of traditional low-income housing, and cuts in federal housing programs. According to the National Law Center on Homelessness and Poverty (2000), more than three million poor Americans spend over half their total income on housing.

Individual factors attributed to homelessness are mental illness and substance abuse/addiction (Buckner, 1993; Main, 1998). It is estimated that 25 percent of the homeless population suffers from major mental illness. However, some resources indicate that there is a relationship between mental illness, substance abuse disorders, and homelessness is questionable (National for the Homeless, June 1999). It has been suggested that substance abuse and psychiatric disorders both may be causative of and

precipitated by homelessness (North, Pollio, Smith, & Spitznagel, 1996; Wuerker, 1997). Johnson, Freels, Parsons, and Vangeest (1997) indicated that homeless individuals may abuse drugs and alcohol in an attempt to self-medicate psychiatric health problems. Johnson et al, (1997) reported that numerous stressors, including job loss, economic hardships, and perceived stress increase substance use and abuse in non homeless populations. These stressors are similar to those that many homeless individuals experience daily, as they struggle to secure the basic needs of food and shelter. Additional research on the homeless who are mentally ill and abuse drugs and/or alcohol found that these individuals were indistinguishable in many ways from their counterparts (North, Smith, Pollio, Spitznagel, 1996). North et al. (1996) concluded that all homeless individuals struggle against common problems, and psychiatric symptoms may be a frequent consequence of the homeless condition. On the other hand, research on the timing of homelessness in relation to the onset of mental illness or substance abuse appears to indicate that homelessness generally occurs after one of the other variables has appeared (Johnson, et al., 1997; North, et al., 1996). This research implies that psychiatric disorders and substance abuse cause or at least create a vulnerability to homelessness. Nonetheless, it is apparent that a relationship exists between mental illness, addiction disorders, and homelessness.

Some have cited lowering levels of social support as increasing vulnerability to homelessness (Johnson, et al., 1997; Kingree, Stephens, Braithwaite, & Griffin, 1999). According to Metraux and Culhane (1999), family dynamics place women who are

already in tenuous housing and financial situations at even greater risk for homelessness. An elevated risk of adult homelessness was found to be associated with the combination of lack of care and either physical or sexual abuse during childhood (Davis & Kutter, 1998; Herman, Susser, Struening, & Link, 1997; Netzley, Hurlburt, & Hough, 1996). Bassuk, et al., (1997) revealed that events or conditions which compromise the economic and/or social resources of low-income mothers, heightened the likelihood of becoming homeless. In addition, self-esteem has been identified as playing a role in homelessness. DiBlasio and Belcher (1993) noted that a sense of failure and stress resulting from the inability to secure basic needs can lead to low self-esteem. These feelings of inadequacy may prevent individuals from successfully functioning in society.

Typical interventions with the homeless

The primary services that exist for the homeless individuals are shelters and soup kitchens. These facilities respond to basic emergency needs for food and protection from the elements. In recent years, both the number of facilities as well as the type of services provided has expanded (Belcher & DiBlasio, 1990; Burt, 1989; Meisler, Blankertz, Santos, McKay, 1997; Morse, et al., 1996; Murray, Baier, North, Lato, & Eskew, 1997; Nuttbrock, Ng-Mak, Rahav, & Rivera, 1997; Stecher, et al., 1994). Services may include assistance with food and clothing, health care referrals, case management, transportation needs, social work, and counseling for substance abuse, mental illness, and abusive relationships. Also offered are legal services, job training and placement, religious services, childcare, education, housing referrals, and financial assistance. The

development of day to day living skills appears to be a highly significant but an overlooked necessity for successful use of all the services being provided.

Method

Research Design and Participants

This study used a qualitative design with case study methodology to address the question as to how homeless adults function in terms of occupational roles in comparison to adults who are not homeless. Three individuals who were residents of the Bethlehem House, a homeless shelter, participated in the study. The participants were individuals who volunteered to participate in the study following an informational meeting conducted by this researcher. The participants in the study are referred to as "Tim," "Jane," and "Carl."

Bethlehem House provides basic services (food and shelter), casework management, and assistance in the transition to independent living for homeless individuals. In order to reside at the homeless shelter, individuals must participate in an interview to obtain medical, social, and work histories and a screening process to check for any criminal activity. In addition, the director, who is a counseling psychologist, observes the individual to determine their psychological state. An individual who may be actively psychotic or suicidal or under the influence of drugs or alcohol is not permitted to reside at the Bethlehem House.

The criteria for inclusion into the study included (a) meeting the requirements for residing at the Bethlehem House; (b) being in one of three age cohorts (20 to 35, 36 to 50,

and 51 to 65); and (c) volunteering to participate following recommendation by the director of the shelter as an individual who would be able to communicate his or her role history.

Instrument

In order to identify and describe role functioning and evidence of adaptation, the researcher utilized a modified version of the Role Activity Performance Scale (RAPS). This instrument is designed to describe an individual's role functioning (Good-Ellis, Fine, & Spencer, 1996). The RAPS was modified by the researcher to find evidence of adaptation and describe adaptation in more detail. The standardized, open-ended interview format allowed the researcher to obtain comparable information from each subject and minimize the variance in questions (Patton, 1990). The purpose behind the utilization of the RAPS in terms of role functioning and adaptation is three fold. First, role performance and participation are the outward reflection of an individual's habits and skill level (Heard, 1977, p. 244). Skills are conscious manipulations of the environment, and habits are mastered skills that become automatic routines. Generalized habits serve to routinize behavior. As new roles are acquired, skills are integrated into the habit structure (Heard, 1977). In relation to role functioning, adaptation is a change the person makes in his or her responses to day to day challenges; therefore in order to identify and describe an individual's ability to adapt, one can find evidence in terms of the individual's role performance and participation (Schultz & Schkade, 1997). Secondly, roles are the organizing components for competence in daily life (Heard, 1977). As an

individual matures, occupational roles progress. Again, one can find evidence of adaptation by identifying and describing an individual's ability to make the progression through and transition between roles. Third, "the ease of occupational role acquisition is dependent upon the adaptive nature of the individual" (Heard, 1977, p. 245). In order for a person to make a change in his or her response approach when encountering a challenge, "the individual must be able to amend or elaborate on their skill repertoire and habit structure to meet the demands of the new role with the best advantage to themselves" (Heard, 1977, p. 245).

Procedure

Following recruitment into the study (as described in the participant section), each participant signed an informed consent agreeing to participate in the study. The researcher conducted standardized open-ended interviews with the participants following the modified RAPS. The interviews were audio-taped and transcribed. The transcribed data was analyzed on a case by case basis and then coded for themes on a cross-case analysis. Following the analysis of the three interviews, the results of the modified RAPS were used to compare the participants' (homeless adults) role performance and adaptation behaviors with typical adults who are not homeless through review of the adult human development literature.

Data Analysis

The case by case analysis was performed by simply reviewing each participant's answers to the interview questions in each section of the RAPS (see Table 1). This

analysis included identification of the roles and description of the performance of those roles of each subject. Because of the nature of a standardized open-ended interview, the researcher conducted a cross case analysis by grouping together by grouping together the transcribed answers from the different subjects and from each section (e.g., comparing all of the "work" responses from the participants) and analyzing the different perspectives (Patton, 1990). The researcher reduced the transcribed text into units of data resulting in categories that emphasize primary factors and issues (Lincoln & Guba, 1985). The researcher then combined the results of the analysis into three larger themes which explore and explain their interrelationships. The data was analyzed to compare it with the norms identified in the literature review on adult development (see Table 2).

Results

Subjects Development & Cross-Case Analysis

The three participants are presented individually in order to recount his/her responses to the interview questions. A discussion of the cross case analysis follows in order to examine the themes represented.

Tim is a 25-year-old man who had been residing at the Bethlehem House for seven months at the time of the interview. He came to the Bethlehem House following completion of probation for selling illegal drugs. He left his hometown and "ended up at the Bethlehem House." Jane is a 38-year-old woman who had been residing at the Bethlehem House for three months at the time of the interview. She came to the homeless shelter because she recently ended an abusive relationship with her boyfriend.

She reportedly got on a bus and decided that "she had gone far enough" and was referred to the Bethlehem House. Carl is a 53-year-old man who had been residing at the Bethlehem House for two months at the time of the interview. He had been living with his daughter and son-in-law prior to being referred to Bethlehem House.

Table 1 presents the summary of analyzed data results according to the modified RAPS. The heading represents the nine areas addressed in the RAPS.

Table 1

Subjects Development According to Modified RAPS

Subject	Work	Home Management	Education	Family Relationships	Social Relationships	Leisure	Self-management	Health role
Tim	all types construction fast food office fork lift manufacturing hospital drugs quits if problem no future plans poor satisfaction	no responsibilities as a child have to do it all now lived with grandparents lived in Dad's trailer on his property	GED did not study in school kicked out because I hit a teacher did not like school	does not consider any one other than grandparents as family does not get along with parents physically fought with family to resolve problems	had friends as a child and teenager but none as an adult has had acquaintances lost friends as a result of drugs poor satisfaction	bike riding and drawing high satisfaction	no future plans don't really want to grow up - have taken care of myself but don't really want to. . . no plan to handle finances drugs have been the source of income	no problems

Subject	Work	Home Management	Education	Family Relationships	Social Relationships	Leisure	Self-management	Health role
Jane	waitress cashier cook telephone surveys housekeeper medical billing computer filing turkey ranch hear about a job opening and applies when on drugs, undependable at work future plans (getting a job to help raise grandchild)	lived with boyfriend, dad in mobile home, tents responsible for all home management drugs, alcohol affected the quality of home management never really had help from anyone to assist with home management low satisfaction	High School graduate Beauty school, computer classes, medical assistant high satisfaction	loner although had family (dad, sister, 2 brothers and a daughter separated activities with family included drug use, alcohol use, bowling, camping terrible as a mother, but getting better ran away from problems at home through drugs... Dad was an alcoholic and abusive low satisfaction	close friend as an adult, but very little contact with friend right now drugs make it difficult for you to have a social life low satisfaction	reading books and bowling and walking do not do these things when on drugs or depressed high satisfaction	goal is to not work so hard for the rest of my life and to be clean, sober, and independent being homeless (not having a place to stay) makes it very difficult to take care of yourself drugs and alcohol effect ability to take care of self no income at present low satisfaction at present	physically fine, emotionally bad (quit treatment because bored with it)

Subject	Work	Home Management	Education	Family Relationships	Social Relationships	Leisure	Self-management	Health role
Carl	all kinds of jobs from manufacturing to construction to assembly hear about job openings and apply alcohol use usually got me fired - missed a lot of work, late a lot future plans are to find a job that pays well	have not really had to take care of a home - my wife did it for me and then I have lived with other family members - I have chores here at the shelter don't live at home since divorce alcohol did prevent me from doing stuff at home helped take care of kids when they were younger middle satisfaction	quit High School, got some training like fork lift training, construction training on how to use the equipment did not like school	divorced with 2 kids - did live with them, but needed to leave - they don't need me to live there pretty close with son and daughter and son-in-law, but don't see them much since I left. low satisfaction	used to have friends, but only ones now are the ones here at the shelter middle satisfaction	watch sports on tv, but really no leisure - maybe reading from time to time - did like to go to the dog races	only plans now are to get a job and get a place of my own I guess alcohol got me here, but I think I can get a job and get enough money to live in a place of my own no income right now - new town, no job I can take care of myself, just need to get a job low satisfaction	OK I think as you get older, your bones and muscles begin to wear out - I have done some hard jobs that have worn my knees out. Otherwise, my health is OK

Cross-Case Analysis of Subjects - Roles

Three themes regarding development and role participation emerged from the data including "in the past, but not now," "no future plans," and "roles interrupted." The participants' citations illustrate the following interpretative analysis.

In the past, but not now.

The participants described many roles such as a worker, a student, a family member, an independent person, but all stated that these were roles in which they do not currently participate. While analyzing the data, the researcher found self-reported evidence that prior to being homeless these participants did participate in many age appropriate roles. To what extent participation in roles was successful is unclear. However, presently the data reveals that they are participating in very few functional roles. All three participants are presently unemployed and are not engaged in any other work activity such as volunteer work or educational pursuits. Although all three participants reported engagement in work or school prior to being homeless, the data reveals that they are not engaged in work at the present time. For example, Jane stated that she attended beauty school and medical assisting school and worked in those areas in the past, but was "not working right now because I need to get my life back in order." Carl stated that while he had received training to operate heavy equipment and worked in construction that he was "going to wait to get a job until I hear about an opening . . . but I'm not in any hurry; I have worked a lot." Tim revealed that he did not finish high school because he did not like it but did "get his GED." He stated, "I really don't know

what kind of job I will do next." It is interesting to note that all three participants had been residents at the homeless shelter for at least two months which appears to be ample time to at least have a goal regarding work or school in mind.

Another primary role of adults is that of a family member. Young and middle adulthood is marked by the need for close relationships with family members. According to the self-reported data, all of the participants previously (before homelessness) had some sort of role within the family. However, they had no current relationship with their families. Carl stated "I don't see my daughter much anymore since . . . the divorce; I moved away." Tim reported, "I really don't have a family - only my grandparents . . . I don't see them anymore either." Jane's comment regarding her role as a family member was particularly interesting, "I have a dad, sister, and two brothers, but I guess I'm a loner. I haven't seen them in a while." She later stated, "I'm a terrible parent-my daughter ran away from home . . . I didn't know where she was for about a year . . . she is back now and is pregnant . . . only 17."

According to Erikson (1982), one of the primary developmental tasks in adulthood is to form an intimate relationship with another person. The participants reported having close friends prior to their current situation, but according to the information revealed from the interviews, they do not have any friends at the present time. Tim stated, "I used to have a lot of friends, but I lost them all . . . drugs made me lose them." Jane remarked that she and her friend had a lot of fun together. "We did everything together . . . we love to go to movies and out to eat . . . birthdays are really

neat, we usually do something really special for our birthdays." When asked how often she saw her friend, Jane stated, "I have not seen her in a long time-probably three or four years." Carl stated that he had not seen his friends since the divorce. "The only friends I had were the ones I used to work with . . . I have moved away . . . I don't know anyone here."

No future plans

Although the participants revealed dissatisfaction with their situations, none of the participants stated any viable future plans to rectify their situations or to regain participation in any of their former roles or new roles. Questions focusing on self-management elicited responses from the participants that exemplify this line of thinking. For example Tim stated, "drugs were my way of making money, but I guess I can't do it any more . . . I don't know what I'll do next . . . I hadn't thought that far yet." He continued by stating, "I don't really want to grow up . . . I have taken care of myself, but I don't want to . . . " Carl stated, "I don't know where I'm going to go from here. I don't have any money to move out . . . I don't have any other place to stay . . . I don't know anybody to stay with. I just want a job that pays good. If I hear about one (job), I might go see if I can get it." Jane stated that she did have a goal, "not to work so hard for the rest of her life and to be clean, sober, and independent." On the other hand, she stated that she would need to get a job to take care of her grandchild. However, she did not comment on what she could do or how all of these things might occur.

Roles Interrupted

Another common theme that materialized from the data was that of roles being interrupted by life circumstances and homelessness. All of the participants expressed an interruption in one or more roles. For example, Carl perceives that his role of a father was interrupted as a result of his divorce. He stated, "I was close to my son and daughter-in-law until my wife divorced me." It appears that Carl believes that the role of worker was interrupted as a result of moving to a new city. He stated, "I can take care of myself - I always have - I just need to get a job." "I don't have a job because I just moved here - I haven't heard of any openings yet." Tim discussed his loss of friends as he became involved with drugs. He stated, "we used to party a lot (my friends), but when I got heavy into drugs . . . well, I think it scared them away . . . since I moved away, I don't know anybody here." He also reported the interruption of his role of a worker as a result of drinking. "Drinking usually got me fired (from the job) . . . " As demonstrated by these comments and the previous examples, the participants were participating in roles prior to their homelessness. Now as a result of either the homelessness or other circumstances (i.e., divorce, drug use, moving to a new place), they are no longer participating in these particular roles.

Table 2

Themes from homeless interviews compared with norms from adult human development literature

Typical adult norms young/middle adulthood	In the past, but not now.	No future plans.	Roles Interrupted
Intimate relationship	"I don't see my son anymore. . . they have their own life"	"I just don't get along with my parents" "My kids don't need me"	"lost everyone because of drugs"
Decision regarding beginning a family/raising family	"I did live with them, but they don't need me anymore"	"I don't think I will be much of a family man"	"I was close to my son and daughter-in-law until my wife divorced me"
Managing a home & taking care of financial responsibilities	"I used to be responsible for everything when I lived with my boyfriend- he never did anything"	"drugs were my way of making money, but I guess I can't do it anymore. . . I don't know what I'll do next"	"I have gone through some training (construction), but my drinking got me fired from a lot of jobs. . .
Working toward career (school)/maintaining satisfactory career performance	"not working right now because I need to get my life back in order"	"My goal is not to work so hard. . ." "If I hear about a job, I might go see if I can get it"	"I don't have a job because I just moved here . . . "
Civic responsibilities	no mention of civic responsibilities	no mention of civic responsibilities	no mention of civic responsibilities
Social activities/friendships	"I did have friends as a kid, but not anymore"	no mention of participating in social activities by any of the participants	"drugs make it difficult for you to have real friends"
Adult leisure activities	"I used to go to the dog races, but now I don't have the money or a ride to get there"	no mention of pursing leisure activities by any of the participants	"I don't do these things (reading, walking, etc.) when I am on drugs or depressed. . . ."
Adjusting to aging parents	no mention of caring/adjusting to aging parents	no mention of caring/adjusting to aging parents	no mention of caring/adjusting to aging parents

Discussion

Adulthood can be defined as the ability to achieve economic independence and independent decision making. Young and middle adulthood is the ability to make choices and decisions and be accountable for those choices. Effective participation in many age appropriate roles such as worker, spouse, and friend typically characterize successful adulthood. As demonstrated by the data, all of the participants are having difficulty achieving the adulthood goals and fulfilling their roles. It appears that at some point in their lives, the participants were able to effectively participate in several roles. It should be noted that the level of functioning in these roles was self-report and may be unclear as this was not the primary focus of this study. The salient point is that all of the participants are requiring assistance at the present time. They are not functioning or participating in the developmental roles of adulthood.

The results of this study suggest that homeless individuals, at least at the time of their homelessness, have deficits in role performance; they are role dysfunctional. There are several viable reasons for this phenomenon of role dysfunction. It is suggested that a primary cause may be the homeless individual's inability to make the necessary internal adaptations as day to day challenges arise. According to the Theory of Occupational Adaptation, they have limited and/or maladaptive patterns of adaptation and repetitively resort to their rigid patterns of behavior for dealing with these challenges. They seem to be "emotionally and cognitively stuck" into thinking that there are no other options. In fact, this researcher would argue that they may not put any thought into alternative ways

(behaviors) of dealing with the challenges. Schkade and Schultz (1992) term this "emotionally and cognitively stuck behavior," hyperstablity. Hyperstable behavior occurs when an individual is confronted with a challenge that is beyond the person's capabilities. Hyperstable behavior is "manifested cognitively by rigidity of thinking"(Schkade & Schultz, 1992, p. 834). For example, when Jane was asked how she typically handles a difficult situation or challenge, she responded, "step by step . . . first freak out then try to do the best I can. I do it that way every time." During Carl's response to why he chose Bethlehem House, he stated, "I just decided that I had gone far enough . . . got out of the truck and it took about an hour to figure out what I needed to do to find a place to stay . . . I don't think I would do it any differently." All three of the participants stated at one time or another during the interviews that they did not know what they were going to do next, or that they had not thought that far ahead. In addition, it should be noted that all of the participants had been residents in the shelter for several months yet it appeared that they had made little or no progress toward living independently. In addition, this researcher would argue that the inability to participate successfully in roles is a long-standing problem that began early in life.

Secondly, this researcher believes that little has been done in terms of intervention with the homeless population to address the problem of role dysfunction. Typical skill-based intervention strategies are insufficient and do not meet the needs of the homeless. Much of the literature that attributes the reason for homelessness to external causes (lack of social support, social policies, job outlook, lack of affordable housing, abuse) supports

the researcher's findings. The participants discussed many of these "external" factors as issues surrounding homelessness. Therefore, it is difficult to develop and design appropriate intervention strategies. The limited view of homelessness needs to be expanded to include the problem of role dysfunction. Intervention needs to recognize that skills are not enough and to begin to include methods that emphasize actual role performance as integral to change.

In summary, this study provides an expanded view of homelessness. Individuals who are homeless are different from the typical adult in that they lack the ability to successfully perform age appropriate roles. The results of this study suggested that intervention strategies focus less on meeting the basic needs of the homeless individual and assist them in being self-sufficient adults who participate in the roles that allow them to be healthy and productive individuals.

CHAPTER III

PERCEPTIONS OF THE CAUSES OF HOMELESSNESS

People sometimes view individuals who are homeless as shabbily dressed elderly men sitting in a doorway clutching a cheap bottle of wine in a brown paper sack. However, people who are homeless represent a diverse population. Fagan (1995) stated that today's homeless tend to be younger (median age of low to middle 30's) when compared to those 20 years ago (median age of 50). In addition, he stated that although the homeless have been predominantly white (70 percent), racial and ethnic minorities are heavily concentrated in today's homeless population. Although there is a range of benefits available, few actually receive the income assistance or benefits (Fagan, 1995). Despite the long period of economic expansion in the United States, the number of homeless continues to increase. It is estimated that there are 760,000 people homeless on any given night, and 1.2 to two million people might experience homelessness during a given year (National Law Center on Homelessness and Poverty, 2000b). Homelessness is more than a housing problem. The sense of dignity is constantly challenged by everyday life. The unremitting stresses (financial, lack of social support, abuse, victimization, self victimization, unemployment, substance abuse, limited education, and health problems) and the basic needs for survival are constant stressors for individuals who are homeless (Buckner, Bassuk, & Zima, 1993; Jencks, 1994).

In view of the increasing number of homeless individuals and the problems they experience, this researcher is proposing that occupational therapy interventions can have a positive effect on the situation and improve the lives of the homeless. However, before an intervention program can be developed, one must explore the possible reasons and/or circumstances that lead to homelessness.

Numerous studies have been conducted to reveal the reasons for homelessness, but it is of this researcher's opinion that research focused on the reasons from the subjective perspective that is, from the homeless individuals themselves are nonexistent. Therefore the research question is what do homeless individuals understand to be the reasons as to why they are homeless.

Literature Review

Homelessness has been attributed to many factors. The following review highlights the key and most frequently cited factors that are related to homelessness. Some of the most commonly identified structural causes are the lack of affordable housing, poverty, eroding work opportunities, social policies, and lack of support services to help individuals overcome personal challenges (National Alliance of End Homelessness, 1998; National Coalition for the Homeless, June 1999; National Law Center on Homelessness and Poverty, 2000).

Mental illness and addiction disorders are often listed as individual factors contributing to homelessness. The National Coalition for the Homeless (1999) reported that 25% of the homeless population suffers from major mental illness but indicated that

the relationship between addiction disorders and homelessness was under controversy. It has been suggested that substance abuse and psychiatric disorders both may be causative of and precipitated by homelessness (North, Pollio, Smith, & Spitznagel, 1998; Wuerker, 1997). Johnson, Freels, Parsons, and Vangeest (1997) indicated that homeless individuals may abuse drugs and alcohol in an attempt to self-medicate psychiatric health problems. Johnson et al. (1997) reported that increased substance use and abuse in non homeless populations have been associated with numerous stressors, including job loss, economic hardships, and perceived stress. These stressors are very similar to many of those experienced daily by homeless individuals. North et al. (1996) concluded that homeless individuals struggle against common problems, and psychiatric symptoms may be a frequent consequence of the homeless condition. Dunlap and Fogel (1998) supported this notion. They reported that homelessness was a traumatic life event which undoubtedly causes serious distress for most people and increases their risk for negative outcomes. At the same time, research shows that homelessness generally occurs after one of two: either mental illness or persistent drug abuse (Johnson, et al., 1997; North, et al., 1998). Certainly, psychiatric disorders and/or substance abuse may cause or at least create vulnerability to homelessness. While the relationship is apparent between homelessness and mental illness or addition disorders, further research is needed to determine the nature of the relationship.

Other elements have been identified as contributors to homelessness. According to Metraux and Culhane (1999), family dynamics often place women who are already in

tenuous housing and financial situations at even greater risk for homelessness. The combination of lack of care and either physical or sexual abuse during childhood is also associated with adult homelessness (Herman, Susser, Struening, & Link, 1997). Johnson, et al. (1997) and Kingree, Stephens, Braithwaite, and Griffin (1999) found that lower levels of social support contributed to the increased vulnerability to homelessness. In addition, self-esteem has been identified as playing a role in homelessness. DiBlasio and Belcher (1993) noted that a sense of failure and stress resulting from the inability to secure basic needs lead to low self-esteem. These feelings of worthlessness may interfere with individuals functioning successfully in society.

Controversy also exists regarding which causal factors are more influential in precipitating homelessness. Main (1998) examined the structural and individual factors of homelessness and argued that all causes were present in every phenomenon. Main (1998) stated that either structural or individual factors may be more significant in a particular context but concluded that no one set of factors could explain all of anything about homelessness. The literature fails to address the significance of the subjective point of view. The homeless populations' perception of causes may in fact be the most encumbering of all and the most durable to outside intervention.

Method

Research Design and Participants

This qualitative study with the use of focus groups was used to examine the reasons for homelessness from the subject's point of view (hereafter referred to as

participant). The participants were residents drawn from the Bethlehem House, a homeless shelter. They were, by necessity, a sample of convenience. The Director of the Bethlehem House met with the individuals who met the inclusion criteria and solicited volunteers. No benefits or aversive conditions were established for participation or non-participation in the study. For inclusion, each participant was required to be eligible for residency, and be between 20 and 65 years of age. To reside at the Bethlehem House individuals must undergo an initial screening process that includes medical, social, and work history. The screening process includes a check to determine if there are any outstanding warrants. In addition, the director who is a counseling psychologist observes the individual to determine his or her psychological state. An individual will not be permitted to reside at the Bethlehem House if they are actively psychotic, suicidal, or under the influence of drugs or alcohol.

Nine men and six women between the ages of 18 and 56 were selected for the study. Three of the participants were in their first experience of homelessness. The remaining participants had been homeless a minimum of two times previously. Nine of the fifteen participants reported previous drug and/or alcohol abuse. Ten of the participants either finished high school or obtained a GED. Four did not finish high school. One was a college graduate. Twelve of the participants were either separated or divorced. Three had never been married. Twelve of the fifteen participants were parents, two had no children, and one was pregnant during the time of the interview. Thirteen of the participants were currently unemployed.

Instrument

The researcher conducted a series of three successive focus groups. There were eight in the first focus group, two in the second focus group (several individuals asked to be withdrawn from this group), and five in the third focus group. Focus group interviews were used to address the research question for several reasons: (a) focus group interviews allow the researcher to observe a large quantity of interaction on a specific topic of interest in a limited period of time (Morgan, 1997); (b) group discussions provide evidence about the similarities and differences in the participants' opinions and experiences (Morgan, 1997); and (c) group discussions give the participants a chance to share and compare their ideas and experiences which provide valuable sources of insights into the behaviors and motivations of the participants (Morgan, 1997).

Three focus groups were conducted since the topic was moderately diverse (the researcher expected some differences in the participants and their responses). The literature suggests that these moderately complex projects should consist of three to five groups in order to reach theoretical saturation (Edmunds, 1999; Morgan, 1997). Theoretical saturation in focus groups is a process of adding groups until the full range of observations have been made (Morgan, 1997).

Successive interviewing was used in order to allow for a refinement of ideas and validity of the information obtained from all three focus groups. The results of each focus group shaped the direction and emphasis of the next group. The first set of questions was designed to determine whether there were identifiable and consistent

information regarding the first time the participants' experienced homelessness and their feelings regarding what led to the episode. The second focus group was aimed at exploring the details of the homeless experience. Some of the questions were based on the responses elicited in the first focus group, while others were added to obtain more details. For example, the first group's response to the question regarding significant events (i.e., drug use, physical abuse) led to the question about the challenges the participants faced (i.e. drug dependency, raising children alone since divorce). The additional questions in the second focus group concentrated on discovering the participants' present experience of homelessness. The questions in the third focus group further explored the participants' experience of homelessness. The additional questions in the third focus group were aimed at reflecting on the meaning of homelessness as it relates to the notion of adaptation. For example, the responses to the question regarding satisfaction in the second focus group led to the question (in the third focus group) aimed at how the participant might go about changing their present situation. Table 1 shows the questions asked in each focus group.

Table 1

Focus Group Questions

Focus Group One	Focus Group Two	Focus Group Three
Describe what happened when you became homeless the first time. How old were you? What was your living situation at the time? What significant event(s) occurred that led to being homeless? Were others involved? Do you think you had control over becoming homeless? If yes, how? If not, why not? How did you spend your time prior to becoming homeless? (Describe a typical day) What did you think about people who were homeless before you became homeless? What do you think led to them being homeless?	Same questions as in focus group one, but added the following: How do you feel about being homeless? On a scale from 1 to 10 how would you rate your satisfaction with your life right now? What have you gained/lost as a result of being homeless? How have you been able to manage/cope with being homeless? How do your activities differ now that you are homeless? How do you spend your time? What demands/expectations are being placed on you by others? What challenges are you faced with? Obstacles?	Same questions as in focus group one, but added the following: What skills/talents do you posses that have assisted you during this time? What past experiences have helped you during this time? When faced with adversity or difficulties, describe how you typically handle it? What strategies have you used to survive? Are these strategies typical ways in which you handle difficult situations? Does the way you handle a difficult situation change the way you may handle another difficult situation? How have your activities differed now that you are homeless - from before? What are your goals? What do you think will have to happen in order to change your present situation? (Do you think the change will have to occur within you do you think others or circumstances will have to change?)

Procedure

The participants were transported from Bethlehem House to the University of Central Arkansas for the focus groups. The focus groups were conducted in a room equipped with microphones in order to audiotape the focus group interviews. Volunteers were solicited through the director of the Bethlehem House. Following a meeting to explain the procedures of the study with this researcher, the director met with the residents, explained the procedures, and requested volunteers for participation. The first focus group consisted of five participants; the second focus group consisted of two participants; and the third focus group contained eight participants. It was the intent of this researcher to have more participants in the second focus group, but three dropped out of the study.

Data Analysis

The audio-taped focus group interviews were transcribed for analysis. Grounded Theory Analysis (Glaser, 1992; Strauss & Corbin; 1990) was used to analyze the transcribed data since the researcher is required to conduct the study without any preconceived idea regarding the results. Grounded theory "is a method in naturalistic research used primarily to generate theory using an inductive process" (DePoy & Gitlin, 1994, p. 56). This type of analysis allowed the researcher to review, compare, and contrast each piece of information until commonalities and dissimilarities among the categories of information became clear, allowing for theory generation (DePoy & Gitlin, 1994).

With grounded theory, the approach to analysis was inductive in nature. The transcripts were checked repeatedly for recurring themes. The constant refining of the data produced different levels of categories. These levels of categories were then examined for interrelations which led to a grounded theory. The data was analyzed using open and axial coding procedures.

Open coding includes labeling and categorizing. In the labeling process the data from the focus group transcripts were examined and broken down. Each concept was given a label. In categorizing, the labels are gathered together and examined against each other. As they are grouped together in this process, they form a category. Axial coding was used to identify themes and then check the themes. The categories were examined to ascertain relationships. The themes were then verified when the concepts were related to more than one theme and a grounded theory emerged.

Results

The results of the study reveal the following hypothesis: evidence supports that a lack of personal adaptiveness results in homelessness. Although there were a number of factors and circumstances that preceded or perpetuated homelessness, the evidence indicates that those external issues and situations may just be symptomatic to a larger yet basic problem, a lack of adaptation. In order to reach this hypothesis the data was checked repeatedly for recurring themes through line by analysis checking for recurring words/phrases, patterns of individual/group behavior, and meanings imbedded in individual and group comments. The themes identified included: (a) experience of loss; (b) experience of abuse; (c) lack of productivity; and (d) homelessness as a learning

experience. The following section continues to describe the results (and the process) which led to the generation of the hypothesis.

Open Coding

The concepts were measured according to the frequency of citations related to a particular recurring theme (as described in the previous paragraph). The concepts were grouped into four categories. Table 2 reveals the results of the open coding process. Listed under the categories are the labels.

Table 2

Categories and labels from the open coding process

Category 1 - "homelessness perpetuated numerous losses"
- loss of home
- loss of family
- loss of material possessions
- loss of job
- loss of friends
- loss of roles
- loss of transportation
- loss of social support

Category 2 - "abuse preceded and perpetuated homelessness"
- drinking/alcoholism
- drug use
- divorce/separation
- physical abuse
- financially unstable
- parent left

Category 3 - "cycle of lost productivity"
- less productive
- no transportation - no work - homelessness
- lack of financial support
- financial demands
- homelessness as an obstacle to employment

Category 4 - "learning"
- transitional period
- learning experience
- realizations
- self reliance

Category 1 - "homelessness perpetuated numerous losses."

The participants reported numerous losses in their lives in conjunction with his/her homeless episode. The most commonly reported losses included: home, family, roles, social support, and material possessions. The following statements demonstrate this point. "I had to move out of a house that was paid for . . . lost two children . . . lost two dogs . . . lost a paid-for automobile." "I have lost my house, a van, and my kids." "...he took it away - I lost everything." "I don't have anything. I've got my clothes that I've got on and a few more and that's about it." "I can't have my wife back and I don't get to spend time with my kids and I'm not going to have my house again that I lived in, that I worked on, and all the things that, to get it the way that I wanted it to be. I'm not going to have that again."

Johnson, et al. (1997) and Kingree, et al. (1999) express belief of a relationship existing between levels of social support and vulnerability to homelessness. Family and social resources were reported as lost by all participants. One respondent stated, "My family is 600 miles away. The only people - the only relatives I got are my wife and kids and I cut ties with all my friends." Several participants reported relying on family or friends for a brief period of time, but eventually losing those resources. "My two oldest children helped me through the first two years, but they have their own families . . . they can only help you so long." Without family or friends to turn to, these people have no one to support them and may not know where to go for help. One respondent reported, "When his father kicked us out of his house, we had called the police department to see if they could put us up for the night."

Category 2 - "abuse preceded and perpetuated homelessness."

The reasons for homeless appeared to be related to substance abuse and physical abuse. Each participant was directly (personally) or indirectly (family members) impacted by a form of abuse. One respondent stated, "beer and alcohol were more important to them (parents) than us kids were. We were left home by ourselves the majority of the time. It was fend for yourself." In addition, homelessness "resulted" from a divorce or separation secondary to contact with these substances or physical abuse. Eight respondents indicated divorce or separation in conjunction with the current homeless episode. Several of the individuals stated that divorce was the primary factor in homelessness. One comment was, "I just got divorced and the reason I got divorced is because of my alcoholism."

Physical abuse was mentioned by five individuals. In all of the episodes, the mother was left to support the family with limited financial resources after the abusive situation was terminated.

> The first time I was homeless I was about five and my mother and father got a divorce and because of my father's drinking and his abuse toward us that caused us to be financially unstable . . . Then the second time (I was homeless) was of my doing because of my drug problems and habits.

Category 3 -"cycle of lost productivity."

Work and productivity were concerns voiced by several participants. One individual was proud to have retained a job through the homeless episode, even though he

was currently on leave. Others expressed the need to work and discussed the agonies of searching for employment. As evidenced by the comments there was concern of not being productive.

> I consider myself less (productive) right now because before I got divorced and homeless, I worked every day, a lot of overtime. Now I'm on sick leave from work and if I don't help around Bethlehem House (homeless shelter), basically I just sit there.
>
> "I go to AA meetings, I go to two a day, but I would like to be back at work doing something." "My biggest challenge is finding a job."

At the same time, being homeless was considered a large obstacle to employment and the search for a job. The participants reported that being homeless decreased the access to the resources essential in applying for and sustaining employment. They reported that not having a permanent address to list and no contact number for follow-up was a primary issue. Some individuals stated that the lack of transportation as an obstacle to employment because they may be unable to get to the initial interview or have difficulties traveling to work daily. "Transportation . . . is number one (challenge) . . . yesterday was the first day I've been on a bike in 12 years. That's not going to work every day, riding a bike back and forth to find a job." "And you can't work because you don't have transportation to get there."

Finances played a key role in the history of the majority of the participants. One respondent reported losing a personal business and the other detailed the pressure to keep

up with "things the Jones' had" and how he manufactured drugs to offset costs that he was not able to generate at work. He reported,

> I'm not exactly sure what happened other than the fact that one day my wife . . . the day she decided to leave me . . . came to me while I was trying to keep up with the Jones', I wasn't doing - I'd quit doing drugs, but I was manufacturing drugs to offset the cost of the money that I wasn't making at work because of the fact that I was keeping up with the so-called status levels.

Category 4 -"learning."

The notion of homelessness as a learning experience was revealed by the participants. The phrases, "I've realized" and "I've learned a lot" were frequently repeated and each respondent reported hope of being in very different situations as a result of his or her experience six months from the interview. One participant reported, "I try to use information I have available to me to change . . . " Although the basic necessities of life were being provided by the shelter and the shelter was viewed as a home like environment, none of the individuals indicated being truly happy with their current situation. When asked to rate satisfaction with their current situation on a scale of 1-10, several scored themselves as a five. "I think I'm right in the middle of the road . . . a five. I know where I've been and I know where I'd like to be and that seems to be in the middle of that." Another respondent described the factors leading up to his current homeless experience, which included relying on the knowledge he possessed at the time to survive and now a realization that he made some wrong choices.

I had done so well I thought, you know not using drugs and even though I was making a few you know, it really didn't seem like that big a deal to me. I was doing what I knew to do best to provide for my family . . . You know, that was what I knew to do and that's what I did and it was wrong and I can see now how bad a harm it was.

Axial coding

The categories identified through open coding interrelated through one clear theme: cause and effect. A lack of adaptation (cause) results in homelessness (effect). Adaptation is a change in his or her response when that person encounters a challenge (Schultz & Schkade, 1997). "This change is implemented when the individual's customary response approaches are found inadequate for producing some degree of mastery over the challenge" (Schultz & Schkade, 1997, p. 474). Schultz and Schkade (1992) posited that when adaptation occurs, the following outcomes will result: (a) the individual will initiate changes in the way they approach challenges; (b) the individual will spontaneously generalize knowledge they have received and competencies they have acquired to handle challenges; and (c) the individual will experience a greater sense of effectiveness, efficiency, and satisfaction as he or she masters a challenge. As the researcher analyzed the data from the cause and effect perspective, it became clear that regardless of which way one looked at a particular concept (i.e., loss, abuse, productivity, learning) all of the concepts were related to external causation, a result of something external to the person. The participants made numerous statements that suggested that a

particular situation or circumstance occurred as a result of an external force. Regardless of their situations or previous history with homelessness, it did not appear that the participants were using those experiences to learn or make any internal changes to the way they handled challenges that arose. The most poignant example of this was the gentleman who described why his wife "divorced him and was homeless," he stated,

> I tried to stop drinking. You know . . . I knew what the final outcome would be but I couldn't stop. I knew what it was doing to my family, but still put that number one . . . I could see it spiraling down every time . . . because I would get in more trouble.

Discussion

The purpose of this study was to explore the factors homeless individuals perceive to be the reason for their homelessness. As noted in the review of literature, studies indicated that there were numerous factors and circumstances that caused or precipitated homelessness. The literature supported the notion that structural circumstances such as the lack of affordable housing and social policies contributed to homelessness. In addition, the literature cited several individual factors such as drug and alcohol abuse and mental illness as contributing to homelessness. However, the results of this study indicate that those issues are perhaps symptomatic to a more basic problem with homelessness, a lack of effective adaptation.

In order for an individual to demonstrate the competencies necessary for living and participate in the roles of being an independent and productive person, they must

have the ability to adapt or to make the necessary internal changes that respond to the challenges which occur in everyday life. Effective adaptation is necessary for living. The ability to adapt allows individuals to influence and master their environment (Fidler & Fidler, 1978). Adaptation allows individuals to use their time in a manner that successfully supports their roles (i.e., worker, parent) (Kielhofner, 1977). Adaptation allows individuals to cope with the problems of everyday living (Fidler & Fidler, 1978). Most important, adaptation allows individuals to evaluate and integrate their responses in a particular situation or action and the context of the action for possible use in future situations, thereby facilitating a positive outcome (Schkade & Schultz, 1992; Schultz & Schkade, 1992).

The findings of this study offer an alternative viewpoint as to the reasons for homelessness. The results suggest that professionals who intervene with homeless individuals should look beyond the external causes (structural and individual) and assist the individuals with their ability to make internal changes that would allow them to adapt to any circumstance or situation that may arise. The findings suggest the need for further research in this area addressing the relationship between homelessness and adaptation.

CHAPTER IV

CONCEPTUALIZING THE HOMELESS EXPERIENCE UTILIZING THE THEORY OF OCCUPATIONAL ADAPTATION

People sometimes view individuals who are homeless as shabbily dressed elderly men sitting in a doorway clutching a cheap bottle of wine in a brown paper sack. However, people who are homeless represent a diverse population. Fagan (1995) stated that today's homeless tend to be younger (median age of low to middle 30's) when compared to those 20 years ago (median age of 50). In addition, he stated that although the homeless have been predominantly white (70 percent), racial and ethnic minorities are heavily concentrated in today's homeless population. Although there is a range of benefits available, few actually receive the income assistance or benefits (Fagan, 1995). Despite the long period of economic expansion in the United States, the number of homeless continues to increase. It is estimated that there are 760,000 people homeless on any given night, and 1.2 to two million people might experience homelessness during a given year (National Law Center on Homelessness and Poverty, 2000b). Homelessness is more than a housing problem. The sense of dignity is constantly challenged by everyday life. The unremitting stresses (financial, lack of social support, abuse, victimization, self victimization, unemployment, substance abuse, limited education, and health problems) and the basic needs for survival are constant stressors for individuals who are homeless (Buckner, Bassuk, & Zima, 1993; Jencks, 1994).

The primary services that exist for the homeless individuals are shelters and soup kitchens. These facilities respond to basic emergency needs for food and protection from the elements. In recent years, both the number of facilities as well as the type of services provided has expanded (Belcher & DiBlasio, 1990; Burt, 1989; Meisler, Blankertz, Santos, McKay, 1997; Morse, et al., 1996; Murray, Baier, North, Lato, & Eskew, 1997; Nuttbrock, Ng-Mak, Rahav, & Rivera, 1997; Stecher, et al., 1994). Services may include assistance with food and clothing, health care referrals, case management, transportation needs, social work, and counseling for substance abuse, mental illness, and abusive relationships. Legal services as well as job training and placement, religious services, childcare, education, housing referrals, and financial assistance are sometimes available.

In view of the increasing number of homeless individuals (National Law Center on Homelessness and Poverty, 2000b) and the breadth of problems they experience and the limited assistance they receive, this researcher is proposing that occupational therapy interventions could have a positive effect on the lives of the homeless. However, before an intervention program can be developed, it is necessary to describe and conceptualize the phenomenon of homelessness from an occupational therapy perspective. In other words, it is necessary to "name" or identify the factors associated with homelessness and "frame" or understand how these factors influence the individual that results in homelessness. This researcher proposes utilizing the Theory of Occupational Adaptation to accomplish this objective.

In addition to the difficulties associated with a lack of housing for homeless individuals, the homeless experience other serious problems. Significant problems associated with homelessness include physical or sexual abuse, lack of social support, and poor self esteem (DiBlasio & Belcher, 1993; Herman, Suser, Struening, & Link, 1997; Johnson, et al. 1997; Kingree, Stephens, Braithwaite, & Griffin, 1999). Mental illness and addiction disorders are also prevalent problems found with homelessness (Johnson, Freels, Parsons, & Vangeest, 1997; North, Pollio, Smith, & Spitznagel, 1998; Wuerker, 1997). The National Coalition for the Homeless (1999) reported that 25% of the homeless population suffers from major mental illness. Although the literature has indicated a relationship between addiction disorders, mental illness, and homelessness, there is a debate regarding which of these factors causes the other. It has been suggested that substance abuse and psychiatric disorders both may be causative of and precipitated by homelessness (North, Pollio, Smith, & Spitznagel, 1998; Wuerker, 1997). Johnson, Freels, Parsons, and Vangeest (1997) indicated that homeless individuals may abuse drugs and alcohol in an attempt to self-medicate psychiatric health problems. At the same time, research on the timing that homelessness occurs in relation to the onset of mental illness or substance abuse appears to indicate that homelessness generally occurs after one of the other variables has appeared (Johnson, et al., North, et al., 1998). This notion implies that psychiatric disorders and substance abuse may cause or at least create vulnerability to homelessness. Regardless of the nature of the relationship between

homelessness, mental illness, and addiction disorders these factors remain a significant problem with the homeless.

Typical interventions with the homeless

The primary services that exist for the homeless individuals are shelters and soup kitchens. These facilities respond to basic emergency needs for food and protection from the elements. In recent years, both the number of facilities as well as the type of services provided has expanded (Belcher & DiBlasio, 1990; Burt, 1989; Meisler, Blankertz, Santos, McKay, 1997; Morse, et al., 1996; Murray, Baier, North, Lato, & Eskew, 1997; Nuttbrock, Ng-Mak, Rahav, & Rivera, 1997; Stecher, et al., 1994). Services may include assistance with food and clothing, health care referrals, case management, transportation needs, social work, and counseling for substance abuse, mental illness, and abusive relationships. Also offered are legal services, job training and placement, religious services, childcare, education, housing referrals, and financial assistance. The development of day to day living skills appears to be a highly significant but an overlooked necessity for successful use of all the services being provided.

Given the increasing number of homeless individuals, the problems associated with homelessness, and the typical intervention strategies, the authors propose that the OA Model is a useful framework to conceptualize the problems and needs of this population.

The Theory of Occupational Adaptation

For the purposes of this study, the Theory of Occupational Adaptation will be used to describe the phenomenon of homelessness. Therefore, the following discussion will assist the reader in understanding the primary assumptions of this theory. The following presents a cursory description of the theory of Occupational Adaptation. For a more comprehensive knowledge base the reader is encouraged to read some of the seminal literature on the Theory of Occupational Adaptation (e.g., Schkade & Schultz, 1992; Schultz & Schkade, 1992). Occupational Adaptation (OA) is a theoretical frame of reference that describes the integration of two key concepts in occupational therapy, occupation and adaptation. The OA model describes the internal adaptation process that occurs in humans. It guides the occupational therapist in facilitating an individual's ability to make adaptations to engage in activities that are personally meaningful (Schkade & Shultz, 1992, 1998; Schultz & Schkade, 1992). Through an individual-selected role and goal to guide intervention, the individual's internal adaptation process is enhanced. The occupational therapist evaluates the individual's ability to carry out the activities within that chosen role and determines what is helping or hindering the individual from accomplishing the desired goal. Next, an intervention plan is developed to enhance the individual's capabilities. Occupational Adaptation emphasizes the interaction between the person and the environment (Schkade & Schultz, 1992). The model views the person as made up of multiple systems (sensorimotor, cognitive, and psychosocial) interacting with the environmental subsystems (physical, social, and

cultural). Occupational Adaptation posits that as the person and the environment come together, there is a press for mastery that results in an occupational challenge or goal. As the individual responds to the challenges that arise, there is a process that occurs in the person. This process is known as the "adaptive response generation subprocess." This subprocess is characterized by two components. The adaptive response mechanism functions to select the energy level (primary or secondary), mode of behavior (pre-existing, modified, or new), and method of behavior (primitive, transitional, or mature) for an individual as they participate in an occupational activity or pursue an occupational challenge. The other component is the adaptation gestalt that "configures the output of the adaptive response mechanism into a plan for the sensorimotor, cognitive, and psychosocial involvement." In other words, this subprocess describes how the individual responds to the activity or challenge (Schkade & Schultz, 1992). Once the adaptation response generation subprocess has resulted in an occupational response, an evaluation occurs in both the person and the environment. This subprocess is known as the "adaptive response evaluation subprocess." It is at this time when the individual evaluates how they feel they performed in terms of "relative mastery." "Relative mastery is the extent to which the person experiences the occupational response as efficient (time and energy), effective (production of the desired result), and satisfying to self and society" (Schkade & Schultz, 1992, p. 835). The client's assessment of relative mastery offers an opportunity to observe to what degree the response reflects changes in the occupational adaptation process. According to OA theory, a change in adaptation is

objectified: (a) self initiated adaptations are observable; (b) relative mastery is enhanced; and (c) adaptations generalized to new activities. This adaptative evaluation process leads to new learning (the third aspect of the process of internal adaptation). Such learning is then followed by improved and more satisfying performance.

Occupational Adaptation posits that "in order to improve occupational functioning, the intervention must be directly related to the patient's occupations of daily living or a particular occupational challenge" (Schultz & Schkade, 1992, p. 918). From the OA perspective, the role of the occupational therapist that follows OA is to "function as the agent of the patient's occupational environment." The primary method is to encourage the client's meaningful interaction with their environment (Schultz & Schkade, 1992, p. 918). The goal of intervention is to impact the person's internal adaptation capabilities.

Method

Four case studies were used to describe potential use of OA theory with the homeless population. The study was conducted at the Bethlehem House, a homeless shelter. The mission of the shelter is to provide basic services of food and shelter to homeless families and individuals. In addition, they provide casework management and advocacy to residents coordinating emergency health care, family crisis intervention, child protective services, transportation assistance, employment assistance, education, and vocational training from existing service provided (Bethlehem House Resident Handbook, 2001).

The participants were residents drawn from the Bethlehem House. They were, by necessity, a sample of convenience. The Director of the Bethlehem House met with the individuals who met the inclusion criteria and solicited volunteers. No benefits or aversive conditions were established for participation or non-participation in the study. For inclusion, each participant was required to be eligible for residency, and be between 20 and 65 years of age. To reside at the Bethlehem House individuals must undergo an initial screening process that includes medical, social, and work history. The screening process includes a check to determine if there are any outstanding warrants. In addition, the director who is a counseling psychologist observes the individual to determine his or her psychological state. An individual will not be permitted to reside at the Bethlehem House if they are actively psychotic, suicidal, or under the influence of drugs or alcohol.

Instruments

Field notes and progress logs based on the concepts from OA theory were used to document the observations and outcomes of the sessions with the participants (see Appendix A). The progress logs were used to document the observations relevant to the OA process following each session.

Procedure

The researcher and a research assistant who was an entry-level Master's student in occupational therapy met with each participant to discuss the purpose and procedures of the study. The assistant had received instruction through course work on OA theory. The researcher provided the assistant with four additional training sessions on OA theory and

the research procedures. During the course of the study, the researcher and the assistant met weekly to discuss questions and the overall progress of the research.

Ten Bethlehem House residents began the study. Four of the participants completed the entire study. The remaining six left the shelter during the early stages of the study. Participants worked with the researchers approximately twice a week, for one hour each session, for a period of eight weeks. The researcher and her assistant utilized OA to guide the evaluation and intervention process (Schkade & Schultz, 1992; Schultz & Schkade, 1992). The therapeutic climate of the sessions was collaborative. The sessions consisted of the client and the researcher or the research assistant identifying an occupational challenge(s) or goal, evaluating the individual and the environment that facilitated or inhibited the individual's ability to meet that challenge, and collaboratively developing strategies in order to meet the occupational challenge. The occupational therapist served as a consultant or facilitator that allowed the client to function as his or her own agent of change. The researchers suggested activities, provided guidance, and offered feedback based on the client's actions and responses. Feedback was generally communicated verbally, however written feedback was used in order to demonstrate (to the participant) a problem area (e.g. written documentation from director of Bethlehem House regarding inappropriate behavior in the shelter).

Following each session, the researcher documented the participant's actions and responses on the progress logs. Field notes were developed based on the researcher's

observations and used to document the researcher's interpretation of the participant's adaptive process.

Data Analysis

Case studies were used to describe the use of OA. The progress logs and field notes were reviewed in order to interpret the participant's experience. The components of OA (person, roles, environment, occupational challenge, adaptive response generation subprocess, and adaptation) that consistently emerged from the case studies were utilized in order to conceptualize the phenomenon of homelessness. The objective was to name and frame the homeless experience. In other words, the theory of OA was used to identify and understand the factors (person and/or environment) that either facilitated or inhibited the adaptive process which results in individuals living independent and productive lives.

Results

Table 1 and the following case studies demonstrate the use of OA in identifying and describing the factors affecting the homeless individual. Table 1 gives an overview of the homeless phenomenon based on the experiences of all of the participants. The following case studies describe the process in more detail with two of the participants.

Table 1

Naming and Framing the Homeless Experience Utilizing the Theory of Occupational Adaptation

	Person	Environments	Roles	Occupational Challenge(s)	Adaptive Response Generation Subprocess	Adaptation
Peggy	57 y/o woman who looks that age Sensorimotor functioning is WNL. Walks approx. 4 miles a day. Cognitive functioning is intact. Able to follow complicated instructions and is a good historian. Psychosocial functioning appears limited as evidenced by lack of contact with family and friends, 2 husbands with alcohol abuse problems	Prior to residing at the shelter participant shared a small home with a friend in town. They shared the expenses (rent and utilities). Client worked at Arby's (fast food restaurant) prior to this homeless episode and continued to do so while she lived in the shelter. Although client holds membership at one of the local churches she did not attend at the time of admission to the shelter.	The role of worker was the only role she reported at the beginning of the study. As rapport was built client reported having 2 children, but stated she never saw them.	Initially, client stated that she wanted to live independently. With further discussion and narrowing of the challenge, client identified the need to obtain employment with a better income and benefits. Client stated that she wanted to obtain affordable housing and become active in church.	Energy level - primary although not necessarily on the task at hand rather the fact that where she is - is where she is going to stay - not thinking that there are other possibilities. Mode - pre-existing - every time she gets divorced she is homeless. Married 2 men with alcohol problems. Seems to handle all situations as "this is how it is supposed to be - so why try to change it" Seems satisfied with the status quo. Behavior - primitive (stuck) until she saw some promise that things might change. Did not identify the need to obtain full time employment in order to live independently. Was planning to work at Arby's - had not identified any other possibilities.	Coping, but no adaptation. Does seek help at the shelter, but "splinter skills" to get back on her own. Self-initiation identified in terms of obtaining a job (but in fast food, only type of work she has ever done). Relative mastery is midrange (fairly satisfied). Does not demonstrate generalization to new activities (scared when asked to learn the cashier job at work although preparatory training had been completed)

	Person	Environment(s)	Roles	Occupational Challenge(s)	Adaptive Response Generation Subprocess	Adaptation
Shauna	24y/o female who is physically independent, but observed to have abnormal posture and facial features. Client's speech is difficult to understand. Cognitively client is able to follow directions, answer questions, perform job duties, but demonstrates impaired judgement skills. Psychosocial functioning is impaired as evidenced by current relationships and the handling of these relationships and lack of social support (only family is mom and sister and there is very little contact)	Prior to residing at the shelter client lived in another state frequently moving from city to city. Client reportedly had more than 20 different jobs primarily in food service and janitorial work. Client reported moving away from home (mother) because (her) mother did not want her to live there. Client stated that (her) mother had numerous boyfriends moving in and out.	Client was unable to clearly define any roles. Through conversations, the resident described herself as a friend.	Client stated that she wanted to get back to Michigan	Energy level - primary because focused on getting "home" to Michigan - every activity was centered around getting back to Michigan, but all involved someone else doing something. Mode - pre-existing as evidenced by the numerous jobs client has had and lost due to poor performance. Majority of relationships are with people whom she seems to "use" and they seem to "use" her. Constant moving away from people or situations that do not seem to work out. Behavior - hypermobile as evidenced by the "hopping" from one task to another. Difficulty staying on task or following through.	Coping, but no adaptation. Did seek out shelter, but this is a common solution when things are not going well and she needs a place to stay. The only self-initiation she shows is by seeking out previous avenues in order to obtain money or whatever else she wants. Relative mastery on one day would be high and low on the next. No evidence of generalization.

	Person	Environments	Role	Occupational Challenge(s)	Adaptive Response Generation Subprocess	Adaptation
Brian	39 y/o male Sensorimotor functioning is WNL. Overall cognitive functioning is intact. He does report difficulty with concentration. States that although he graduated from high school, he had difficulty with most subjects. Psychosocial functioning appears impaired as evidenced by the choice of people he develops relationships with and how he handles the situations. Very little contact with family (only sister).	Prior to residing at the shelter, client lived in Colorado with his girlfriend. He reported living in many places, but (his) sister lives in Conway (explaining his presence at the Bethlehem House) Numerous jobs - all requiring physical labor. Currently working for a moving company.	Client identifies himself as a worker, brother, and "self maintainer"	Initially, just wanted to get off of the street. His self-reported goals were to save money to buy a car (although his license has been suspended for DUI's), get (his) own place, get a girl friend, go to some type of school or get vocational training, and keep a job	Energy levels - evidence of both. Sometimes very focused on getting out of the shelter and then sometimes secondary as evidenced by seeking out additional employment opportunities in order to learn a new trade Mode - up to this point has been in pre-existing mode of behavior (doing drugs/alcohol, getting in trouble, losing job, back to drugs). Currently seeing modified and new modes of behaviors as evidenced by maintaining job, staying away from bad influence and drugs, focused on turning life around.	Initially, coping skills to "survive" as evidenced by numerous times he has been to the shelter. Currently it appears that signs of adaptation are occurring (learning and integration has occurred). Self-initiation observed by seeking out additional learning opportunities. Relative mastery initially very low "me against the world," but currently improving - identifying goals and feeling good about maintaining present job. Generalizing as evidenced by seeing success at maintaining job, now seeking out additional job opportunities.

	Person	Environments	Roles	Occupational Challenge(s)	Adaptive Response Generation Subprocess	Adaptation
Matt	25 y/o male whose sensorimotor system is intact. Cognitive and psychosocial functioning is impaired. He was diagnosed with borderline personality disorder 3 years ago. He demonstrates lack of judgement and acts impulsively. He is currently receiving treatment for drug and alcohol abuse. He has very little contact with family although his father, brother, and sister live in the same city. His social contacts are those individuals he engages in drugs and alcohol.	Client was referred to the shelter by a day treatment program that "treated mental illness and substance abuse problems." He was "kicked out" of the day treatment program because he had broken some of the rules (taking drugs). The homeless shelter agreed to take him for a limited time since he had no where else to go. Prior to the shelter he lived in an apartment (low income) where he made several "friends who could get him drugs."	Client spoke of roles that he previously had such as boyfriend, son, and brother. He reported that he would like to regain these roles, but did not see himself active in any of these at the present.	Somewhere out of the south and married within the next 5 years. Stated that he would like to get out of institutions, get on the right medications and get some close friends.	Energy level - primary as evidenced by "I am afraid I cannot break set" mode - pre-existing - although thinking about making some changes, not physically doing it "too many steps so have difficulty approaching all the steps. Gets a job and then loses it again because of drugs and alcohol. Gets involved with drugs and ends up in an institution. Behavior - hyperstable, no clear goals - vague and no idea how to go about obtaining goals.	Coping barely - no adaptation noted. No self initiation of activities, relative mastery remains low, and is not able to generalize any new ideas, skills, etc.

Case Study - Peggy

Peggy is a 57-year-old woman who has been residing at the Bethlehem House for four months prior to the study. She reported that she could no longer support herself and this was the second time she had been homeless. Peggy looks her age with no apparent physical or sensory problems. She does not have a vehicle so she walks anywhere she needs to go. Peggy's cognitive functioning appears to be normal. She was able to describe her life history and insights into her current situation. Since she had been at the shelter for four months, the director gave her some administrative duties. Psychosocially, Peggy demonstrated some difficulty. She appeared to lack the confidence in her ability to "do any better than I am right now." She lacked family and any social support other than what she was receiving through the shelter. She has adult children, but does not stay in touch with them. She has been married twice, both times ended in divorce "because both of them had drinking problems." However, it should be noted that Peggy chose both of them to marry.

Environments.

Peggy did not like to discuss her previous living situations "it is too difficult for me to think about how I had to live." However, prior to this homeless episode she lived in a small house (in the same city as the Bethlehem House) with a friend. (She states that she no longer has contact with this friend). Peggy stated that she had to move because she could no longer afford the rent and utilities. At the time of the initial interviews, Peggy worked in a fast food restaurant "cooking fries." She stated that she had worked

there for almost two years on a part time basis. She stated that "fast food is really all I know." Peggy reported that she did not work when she was married and did not have any "formal training in any other type of work."

Roles.

Peggy rarely discussed any other role than that of a worker. Anytime she was asked to describe the events of the day, she discussed activities related to work. She discussed the activities related to her employment and the "chores required around the shelter." She did report attending different churches on Sunday (a volunteer of the shelter would take her), but she did not "belong to anyone church." Although she reported having children, it wasn't until the fifth time that the researcher met with Peggy that she discussed having any children. She stated that she never saw them. She did not report having any friends. Peggy stated that she didn't "have anything in common with the kids" she worked with at the fast food restaurant.

Occupational challenge.

Peggy stated that she wanted to "live on my own." However, initially she did not have a detailed plan of how to obtain this goal. "I guess I will live here until I get enough money to live on my own." She also stated that she would like to join a church and "be active in it."

Adaptive response generation subprocess.

Peggy seemed to be going through the "motions" without a clear idea of what to do next. She appeared to be operating in primary energy because she was focused on the

fact that this was the way life was without any possibilities of really changing it. Peggy seemed satisfied or complacent since initially she was not able to identify the need to obtain more income than she was receiving in order to afford the expenses required to live independently. She was focused on keeping the part time job she had until she saved "enough money to move out."

Peggy appears to primarily operate in a pre-existing mode of behavior. For example, every time she gets divorced she becomes homeless and moves into the shelter. Both men that she married had problems with alcohol. She "endures" each difficult situation with "this is how it is supposed to be, so why try to change it." She remains in the fast food business because "it is all I know" and does not think about attempting a different type of employment that might allow her to earn more income. When asked to identify her strengths regarding work she only stated that she was "dependable." "I have only missed two days of work in the last year and that was because I couldn't walk in the ice."

Peggy primarily operates in a primitive type of behavior. She is extremely hyperstable in her way of thinking and behaving. For example, she is unable to identify any other options for employment. "I haven't thought of any other place to work." Peggy appears "stuck" when asked to identify any other means for her to live independently. She only states that "they (the shelter) have gotten me on the list for low income housing, but they say that there is a three year waiting list." She seems satisfied with moving into a homeless shelter when "the money runs out." She is just waiting to

save enough money to move out and then when she is no longer able to afford it she will move back into the shelter . . . "as long as I don't break any rules I can come back and they (the shelter) will help me."

Evidence of adaptation.

It appears that Peggy is coping with her life situations as opposed to making the necessary internal adaptations needed to live independently and productively. Coping "implies the use of personal resources and competencies to resolve stress and create new ways of dealing with problem situations (Christiansen, 1991, p. 71). Adaptation, on the other hand, is a "normative process that is continually present across the life span. It is a change in function that supports survival and self-actualization (Schultz & Schkade, 1997, p. 465). Peggy does seek assistance when in need, but only uses the services provided to temporarily "correct" the problems. For example, she lives in the shelter just long enough for them (the shelter) to help her save money, obtain governmental assistance, and find housing. The shelter will even assist her with food, clothing, and furnishing of the housing whenever she seeks assistance. "Last time I left they gave me some clothes, a television, and a pantry full food to help me get started . . . and several times I needed help paying my utilities and they helped me." The researcher did not observe any change in Peggy's behavior as she responded to daily challenges; she only responded when something was "done" to her (i.e., filling out other job applications after it was suggested to her). This notion refers back to her hyperstable and existing modes of

behavior. In addition, she does not even engage in assessing her mastery or adaptation in order to make the necessary changes so that she may succeed.

Currently, there was little evidence of self-initiation in terms of Peggy identifying and pursuing an activity that would allow her to live independently. The majority of activities (work, saving money, church) that Peggy engaged in were those initiated by an individual assisting her.

When Peggy was asked about her relative mastery with her life and the roles and activities in which she spent time in, she stated that she was "fairly satisfied with how things are going." She stated that "if I had a place to live things would be better, but things are not bad here." "I wouldn't mind working somewhere else, but at least I know what I am doing (at her present job)." There did not appear to be any evidence that Peggy was generalizing any knowledge or skills learned from life experiences or activities.

Case Study - Matt

Matt is a 25-year-old young man who had been residing at the Bethlehem House for less than a month when the study began. He came to the shelter because he was evicted from his apartment for reasons related to drugs and alcohol. He was enrolled in a day treatment program for mental illness and drug and alcohol problems. He was also discharged from the treatment program because of continued use of drugs and alcohol. He was referred to the shelter (although the shelter does not normally take individuals who are currently using drugs or alcohol). Matt's family lives in the same city as the shelter.

He did not appear to have any physical or sensory problems that limited his ability to take care of himself. His appearance was that of a 25-year-old with unkempt clothes and hair (fitting his contemporary sense of style). Cognitively, Matt was able to communicate clearly and was a good historian. In fact, he appeared to have fairly good insight into his problems or at least was able to identify the problems and discuss the consequences. He reported "getting his thinking and feelings confused" and that he "did not want to get into the real world . . . I am just a loner." His job history, social influence, and lifestyle habits demonstrated the cognitive and psychosocial impairments he possessed. For example, he stated that although he "keeps in some contact with his father, brother, and sister, they don't have a real role in my life right now." He stated that he "has some hard feelings toward my mother since the divorce," but was "not interested in working on family relationships at the moment." With regards to his job history, he reported that the last time he had a job was delivering pizza three years ago. He stated that he was not "into conventional jobs, like office jobs." He reported starting college at one time, but did not complete any of the classes.

Environments.

Matt reported having a "normal life growing up" until his high school years. He stated that he grew up in a typical middle class family in a southern city of about 60,000 people. His father was a preacher and his mother was active in church activities. He grew up with one brother and one sister. He stated that his family noticed he was having difficulties as a teenager; he was "into drugs and alcohol." It was at this point in his life

when he began to spend a lot of time in various treatment programs for drug and alcohol abuse problems. Approximately three years ago Matt was diagnosed with Borderline Personality Disorder. It was at this time when he entered a day treatment program until he was "kicked out" because of his continued use of drugs. He is now a resident at the homeless shelter.

Roles.

Matt did not describe any roles in which he was presently engaged. He stated that, although he is "in contact" with his family, he does not "do the things my brother and sister do with our parents." He stated that his brother and sister have a closer relationship that he does with either one of them. He stated that he does not have any "real friends" . . . "only ones that do drugs." Matt reported recently having a girl friend but that this relationship did not last . . . "I don't like being told what to do."

Occupational challenge.

Matt stated that he would like to "be somewhere out of the south and married within the next five years." He wants to "stop being in institutions, get on the right medications, and get back into a day treatment program." He stated that he wanted to "stay clean and sober and get some close friends." Matt asserted that these things would never happen because he "gives up too easily" and "I don't deserve for things to get better."

Adaptive response generation subprocess.

Matt appears to be operating in primary energy most of the time. He appears to be focused on the fact that he does not think life will ever be any different for him. Matt remarked that he was "afraid I cannot break set." He appears to function based on the premise because he has continued to respond and behave the same way.

Matt appears to be functioning in the pre-existing mode of behavior. Although he is thinking about making some changes, he is "not physically doing it." Through his life experiences of moving in and out of treatment programs, continuously having difficulty with drug and alcohol abuse, difficulties with family and social relationships, and the inability to maintain employment, it appears that he has been unable to modify or identify new ways of responding or behaving when adversity or opportunities arise.

Matt operates primarily in a primitive adaptive response mode. He is hyperstable in his line of thinking and behaving. He does not appear to know of any other way to respond to life circumstances whether they (circumstances) are good or bad. In addition, this hyperstability is evident through his identification of goals. His goals are vague with no clear idea of how to go about obtaining them. He also states that he does not think he will ever obtain the goals.

Evidence of adaptation.

Matt appears to be coping or "just surviving" instead of adapting. He copes with his behaviors by "talking a good game to my dad," abusing drugs and alcohol, and "bouncing from treatment program to treatment program." There is no evidence of self

initiation of activities that would help Matt function and live a productive life. His relative mastery remains low in all areas of his life . . . "I might as well be dead." He does not appear to have generalized anything that he learned or experienced in the various treatment programs that would help him meet his goals.

Discussion

The study illustrates the use of the Theory of Occupational Adaptation to conceptualize the homeless experience. Occupational Adaptation provides expanded information and assistance to the occupational therapist than the traditional methods of evaluation (skill based) with the homeless. Occupational Adaptation views the person holistically by evaluating the sensorimotor, cognitive, and psychosocial aspects of the individual and their impact. An individual's ability to live a productive life may be significantly impaired by a problem in one of these areas. For example, Shauna had difficulty with speech because of her disfigured facial features. Her speech interfered with personal relationships, job opportunities, and self-esteem. Matt's cognitive subsystem was significantly impaired resulting in poor judgement and unpredictable actions. All of the participants demonstrated problems with psychosocial functioning whether it is a lack of social support or difficulty with personal relationships. Peggy was unable to name one person that she could ask for assistance in her time of need. And only after several meetings did she report having any children. The inherent person system problems associated with a personality disorder (a prevalent problem with homeless individuals) had a significant impact with his ability to participate and glean the

benefits from the day treatment program which he had been enrolled. The person system appears to be an appropriate, albeit complicated, area that should be evaluated and dealt within treatment. However, it is highly overlooked by traditional methods of evaluation and treatment for the homeless. Another appropriate area to evaluate and address in treatment should be the environment in which the individual came from or currently performs their day to day activities. All of the participants were able to describe environments or components of those environments that inhibited productive living. For example, one of Matt's environments was his apartment (before he got evicted). The social and cultural environment of that apartment complex made it relatively easy for him to obtain drugs. Although he was in a treatment program to help him with his addiction, his "apartment environment" facilitated the opposite effect. Shauna's home environment was such that she felt she was not wanted. There was considerable instability as she reported that her mother had so many "boyfriends" moving in and out. Peggy's work environment in the fast food restaurant affected her ability to develop meaningful friendships because she was much older than the typical worker. The standard intervention plans do not appear to address the significant impact the environment has on the homeless individual. Additionally, this researcher could not find any evidence in the literature of an intervention program addressing the roles of the individual who is homeless and the effect their roles (or the lack of roles) have on them individually, their environment, or their ability to live an independent and productive life. Roles allow individuals to participate in society and satisfy human needs (Heard, 1977). For the most

part, the participants in this study had few roles in which they were an active participant at the time of their homeless episode. Adults who live productive and satisfying lives engage in many roles such as parent, spouse, worker, student, friend, and volunteer. Dysfunctional role performance can lead to poor life satisfaction, lack of motivation, decrease feelings of self-esteem, and can produce social, psychological, and behavioral problems (Dickerson & Oakley, 1995; Versluys, 1980). Given what is known about the relationship between participation in roles and the ability to successfully participate in society, this relationship is an area that should not be overlooked when assessing and intervening with homeless individuals.

The theory of Occupational Adaptation allows the occupational therapist to go beyond any type of skill-based evaluation or intervention program in that it addresses the person's ability to adapt. Living an independent and productive life depends on the ability to adapt. Adaptation allows individuals to meet the demands of the environment, cope with the problems of everyday living, and fulfill age specific roles (Breines, 1986; Fidler & Fidler, 1978). Adaptation is an accumulative process in which past experiences shape the future. Present experiences also reshape the past or condense it to be consistent with the present. It allows the individual to appraise new situations through looking at former ways of doing things and finding the best match or developing new ways to perform (Spencer, Davidson, & White, 1996).

Occupational Adaptation looks at the process of adaptation by evaluating how the person goes about day to day activities and the challenges that arise. It is from this

evaluation process that the individual and the occupational therapist can see why problems may arise. For example, in Peggy's case study, she was hyperstable in her thinking and acting as it related to changing jobs in order to increase her income. She stated that she had not thought about getting a job that provided more hours and increased pay. Shauna, on the other hand, was operating in a hypermobile mode of behavior that inhibited her from focusing on the important tasks. She seemed focused on whatever challenge arose that day and focused so intently (primary energy) on that challenge that she "forgot" what she was supposed to do. For example, Shauna wanted to use the phone to contact this man she met the day before and at the shelter you must use a pay phone (she did not have any money). On the same day, a volunteer from the shelter was going to take her to several places of employment to fill out applications. Instead of obtaining the applications, she asked each of these places if she could use their phone. Although this may seem to be a trivial example, this was a common way for Shauna to react and behave. Matt's life story provides the reader with an example of his difficulty in self-initiating or generalizing positive things he learned as a boy growing up in a relatively stable environment and in the numerous "treatment programs." He is able to communicate the facilitators and consequences of drug and alcohol abuse and ways to prevent the use, but has been unsuccessful and beating the addiction. He stated that he knew that "moving into that apartment would not be good" because many of his "friends" lived there.

"Naming" the factors that affect the homeless individual and "framing" how these factors influence the individual's ability to live an independent and productive life through the theory of Occupational Adaptation is invaluable to the occupational therapist. The Theory of OA requires the occupational therapist to look at the "whole person" and the environments in which they perform their daily activities. Evaluating the person systems (sensorimotor, cognitive, psychosocial) allows the therapist to determine what basic factors may be preventing the individual from being able to perform successfully. For example, it was important to know that although Shauna graduated from high school she was enrolled in "special programs" that assisted her throughout her academic career. Shauna may not have the intellectual capabilities necessary to hold certain types of jobs. Therefore, intervention in this area would be focused on the process that Shauna would undertake in determining her capabilities that match her vocational interests and abilities.

The theory of OA posits that the occupational environment is as important as the client's physical or mental condition (Schultz & Schkade, 1992). Evaluating the environmental systems permits the occupational therapist to identify factors or situations that may inhibit a person from living independently. For example, it was important to know that the apartment where Matt may be returning has people residing there with drug problems of their own. Matt lived in that apartment because of the close proximity to the day treatment center and relatively inexpensive rent. Intervention would focus on assisting Matt in realizing the problems with living in this environment and guiding him

through a process that would encourage him to look at other plausible alternatives to housing.

Determining the roles (along with the responsibilities and expectations of these roles) in which these individuals actively participate is a significant piece of information that will allow the occupational therapist to understand how clients spend their time and what or who is important to them. The lack of role participation among these participants prompts the occupational therapist to question how homeless clients are spending their time, whether they are using their time wisely or productively. It also may alert the therapist that the individual may lack the motivation to participate in roles, lacks social support, or lacks the ability to function in a particular role. Intervention through consultation, guidance, instruction, or meaningful activities would be focused on addressing the factors inhibiting successful role performance.

One of the most important aspects that seems to be left out of typical intervention programs is assessment and intervention based on what the client views as important and meaningful. It is important to know the challenges and goals of the individual. The theory of OA posits that in order for intervention to be effective (promote adaptation), the treatment program must be directly related to activities that are important and meaningful to the client (Schultz & Schkade, 1992). Therefore, by determining the client's goals and centering intervention on those goals, treatment will be more successful. For example, since one of Brian's goals was to "get his own place," intervention could be focused on all that is required in obtaining a place of residence (saving money, determining cost of

living, determining location, loan applications, etc.). This process of "getting his own place" will require him to develop competencies that will be useful in other situations in the future.

The evaluation process in the theory of OA (adaptive response generation subprocess) allows the client and the occupational therapist to identify modes and patterns of behavior. This component of OA assisted this researcher and the participants in determining and understanding why they (participants) were homeless and responded the way they did to certain situations. For example, Peggy applied for a job through a temporary employment agency (standard procedure at the Bethlehem House). She was then asked to participate in an interview, but she did not get the job. When asked if she could find out why she did not get the job or if this agency had any other jobs available, she stated that she "just figured there was no reason to . . . " This was a typical response that this researcher observed on a weekly basis. In order to change this behavior and allow Peggy to become her own "change agent" the occupational therapist should initially have a greater role in the treatment activities, but as therapy progresses, allowing Peggy's role to become greater. Identifying what is important to Peggy and utilizing the competencies gained from participation in those activities will serve to assist her in using those abilities in obtaining employment. In addition, it is important to note that Peggy rarely evaluated her performance. Without this evaluation process, change is not likely to occur. Therefore, the occupational therapist must assist Peggy in understanding the need for this self evaluation. In addition, the occupational therapist represents part of the

environment. Helping Peggy understand the expectations (society expects you to contribute) placed on her by the environment could be an important first step.

Conclusion

The needs of the homeless are great because homelessness is much more than not having a place to live. The literature and the case studies represented in this paper demonstrate the numerous difficulties and problems that exist with the homeless. Not only do these individuals struggle with obtaining the basic necessities such as food, clothing, and shelter; they may experience difficulties associated with drug and alcohol abuse, physical abuse, mental illness, and diminished feelings of self-worth, and lack of control, and often personality disorders that are pervasive and durable. It is evident that the homeless individuals represented in these case studies have many problems that effect all areas of their life. It is believed that these individuals represent a good number of homeless individuals that have been effected by homelessness.

The theory of Occupational Adaptation will enable the occupational therapist to "name and frame" the individuals' experience of homelessness in order to create a successful intervention plan. It allows the occupational therapist to address all areas of the person, the environment, and their interaction (person/environment) in order to determine the area or areas that are inhibiting the normal process of adaptation.

CHAPTER V

OCCUPATIONAL ADAPTATION: A BLUEPRINT FOR PRACTICE

This line of research has lead to the need to *re-frame* of homelessness through an Occupational Adaptation perspective. The first study explored the differences in role functioning and adaptation among adults who are homeless and those who are not homeless. The results indicated that participation in roles among the homeless are different from those who are not homeless. While individuals who are homeless may have actively participated in several "developmentally appropriate" roles in the past, which participation was now interrupted, limited, or nonexistent during the present homeless experience. In addition, the individuals did not articulate any plans to regain participation in any of their former roles or develop new roles. The findings suggest that there is a need for an expanded view of the phenomenon of homelessness and that intervention needs to move away from only providing the basic needs, but assist in functioning successfully in life roles.

The second study in this line of research was aimed at exploring the factors the participants (homeless individuals) perceive to be the reason for their homelessness. The results revealed that a lack of adaptation was the cause of homelessness. While the literature reveals numerous factors and circumstances that caused or precipitated homelessness, this study indicates that the issues cited in the literature (e.g., lack of affordable housing, social policies, drug abuse) are just symptomatic to a more basic

problem with homelessness; a lack of adaptation. Adaptation is necessary for living and allows individuals to influence and master their environment (Fidler & Fidler, 1978). Adaptation allows individuals to cope with the problems of everyday living. Most important, adaptation allows individuals to evaluate and assimilate their responses in a particular situation for use in the future, thereby facilitating a positive outcome (Schkade & Schultz, 1992; Schultz & Schkade, 1992). The participants in this study articulated problems with adaptation as they discussed their life stories, experiences, and difficulties. The findings of this study suggest that intervention with the homeless should focus on facilitating that adaptation process instead of focusing on external causes or circumstances.

The purpose of the third study was to illustrate how the theory of Occupational Adaptation can be used to "name and frame" the homeless phenomenon. Initially, the intent of this study was to develop a practice model (utilizing OA) based on the information gained in the first two studies. However, as the study progressed, it became evident that more insight into homelessness was needed before a practice model could be developed. Occupational Adaptation became an effective "tool" in describing the phenomenon of homelessness. Occupational Adaptation was useful in identifying and understanding the factors (person and/or environment) that either facilitated or inhibited the adaptive process which allows individuals to live independent and productive lives. The theory of Occupational Adaptation will enable the occupational therapist to

conceptualize the individuals' experience of homelessness in order to create a successful intervention plan.

Implications for practice

This line of research supports the usefulness and applicability of the theory of Occupational Adaptation in the evaluation and treatment of the homeless. The findings of the research suggest that the theory of Occupational Adaptation offers a new way to view the homeless experience and holds promise as a basis for evaluation and intervention for this population. Therefore, in terms of the implications these findings have on occupational therapy practice, there is a need to change or "re-frame" the way evaluation and intervention occur with the homeless. To "re-frame" means to change or modify the approach in working with the homeless. In the following discussion, the models in Figure 1 and 2 utilize a builder's *blueprint* to represent the differences between the existing approaches and intervention based on the theory of Occupational Adaptation taking into account the findings in this line of research. For the purposes of this discussion, the *blueprint* is analogous to the evaluation and intervention process that occurs with the homeless population. The intent is not to change the existing Occupational Adaptation model, but to reiterate the usefulness that is specific to the homeless population. The reader should view the *blueprint* that represents the theory of Occupational Adaptation as a way to re-build a homeless shelter.

The *blueprint* for the house represents the theory of Occupational Adaptation. It is the basis for which the evaluation and intervention process is grounded. Evaluation

and treatment based on this theory are directed at improving the individual's occupational adaptation process, a normative process that is used throughout the life span as the person faces many challenges. It is aimed at affecting the person's ability to generate, evaluate, and integrate adaptive responses (Schkade & Schultz, 1992; Schultz & Schkade, 1992). In contrast, the existing approaches are without a *blueprint* with no overarching guidelines in which to base evaluation or treatment. Although, interventions are taking place, they are not based on a theory with specific assumptions or guidelines for practice, and are therefore, less effective.

Adaptation is represented by the *foundation* of the house. It is the concept that must be ever present in the mind of the occupational therapist as he or she evaluates and intervenes with the homeless individual. The findings in this line of research suggest that difficulty with adaptation is the primary problem associated with homelessness. Therefore, treatment not aimed at facilitating adaptation will lack effectiveness. The existing programs are not directed at dealing with problems with adaptation. The *foundation* for these programs appears to be based on the attainment of skills.

The *frame* of the house represents the person system and the adaptive response generation subprocesses within the person. Evaluation of the person according to the theory of OA leads the occupational therapist to address all aspects of the person system including his or her sensorimotor, cognitive, and psychosocial abilities. In addition, it calls for the occupational therapist to evaluate the level of energy expended on an activity, the modes and behaviors the individual is utilizing, and the level of involvement

from the person system (adaptive response generation subprocess). This evaluation process will assist the occupational therapist in determining and understanding why his or her client may respond or behave the way they do in certain situations. Without the information this evaluation process provides, effective intervention cannot be designed to effect change. The house, in this model, is well *framed* and sturdy because all aspects of the individual are represented and addressed. It has its own distinct and unique style because it represents an individual not a group of people with common characteristics. The *frame* of the house model that represents the existing programs is rather plain and ordinary; it looks like all of the other "houses on the block." The house is not well *framed* because not all of the areas of the person are being addressed, only pieces of the person are being considered. While these programs may provide counseling and support for the individual, they fail to address the other areas or behaviors that may impact a person's response or ability to benefit from the evaluation and intervention strategies.

The *walls* represent the occupational environment. The *walls* in the house model representing OA, depicts sturdy, well-framed walls because evaluation and treatment will take into account all aspects of the occupational environment (physical, social, and cultural). Since occupational environments are contexts in which occupations occur, this portion of the model is essential. Evaluation and treatment based on the theory of OA recognizes the importance of the occupational environment because there is a direct relationship between the person and the occupational environment that calls for mastery (Schkade & Schultz, 1992). The theory of OA posits that the occupational environment

is as important as the client's physical or mental condition (Schultz & Schkade, 1992). Evaluating the environmental systems permits the occupational therapist to see what factors or situations may inhibit a person from living independently. The existing programs do not appear to take into account this interaction. While environmental issues are identified and addressed, there seems to be a missing facet that acknowledges the connection and impact the environment has on the person's ability to function or benefit from the services provided.

The *rooms* of the house model represent the various occupational roles in which individuals participate. Each *room* has a defined purpose and function that is dictated by the surroundings of the room. For example, when one enters a laundry room, the individual knows that he or she is to wash and dry clothes. This analogy represents the many roles individuals participate in that have internal and external expectations. As the individual enters the *room* (role) to fulfill the expectations or respond to a challenge, they generate a response. Programming based on the theory of OA compels the occupational therapist to recognize and understand the expectations associated with these occupational roles in order assist the individual in meeting the demands of the roles and challenges (Schkade & Schultz, 1992). Therefore, the house model depicts several rooms with distinct functions that guide the person's actions and generates responses. The house model that is based on the existing program model is missing rooms. The existing programs do not appear to view the homeless individual as a person who participates or

would like to successfully participate in roles. The existing programs do not appear to be concerned with the challenges sought to be met by the homeless individual.

The *doors* in the model symbolize the adaptive response evaluation subprocess of Occupational Adaptation. According to Schkade and Schultz (1992), this subprocess explains the evaluation that occurs when the individual examines the level of person system involvement and the effect on the occupational response. This subprocess represents the evaluation that occurs when the individual assesses their experience of relative mastery. Relative mastery is the extent to which the person experiences the occupational response as efficient, effective, and satisfying to self and society (Schkade & Schultz, 1992). There are many *doors* in the model representing OA. The *doors* have well-lubricated hinges and move freely. These *doors* are used frequently because the individual is constantly assessing their performance in terms of relative mastery and adaptation. The *doors* in the model representing the existing programming for the homeless are few. The *doors* that exist are located on the walls leading to the outside of the house and only swing toward the outside because in this model the evaluation process is not acknowledged. Although, according to Schkade and Schultz (1992), this evaluation process is part of a normative process, the occupational therapist must encourage the individual to acknowledge the phenomenon and participate in the evaluation in order to facilitate the adaptative process.

The adaptive response integration subprocess in the model is abstractly represented by the *remodeling* or the *expansion* of the house that might occur as the result

of the learning that has taken place. The learning that has occurred becomes integrated into the person systems and modifies those systems accordingly. Therefore, the house model may change as a result of the learning that has occurred. In the model representing the existing programs, *remodeling* is limited because of the lack of an evaluation process that would lead to learning or integration.

The *roof* in the OA model shown in Figure 3 represents how occupation and adaptation become integrated into a single internal phenomenon that occurs within each individual. The sturdy *roof* protects the rest of the house and makes the house complete. Without a sturdy *roof* the house would leak (intervention would fail to be meaningful or address the unique needs and goals of each individual). The *roof* in the OA model is unique to each house, just as occupations are unique to each individual. It is through occupation that therapists view their patients; it is the means of intervention. Schkade and Schultz (1992) state that occupations are characterized by three properties: (a) active participation, (b) meaning to the person, and (c) a product that is the output of a process (tangible or intangible). The *roof* in an existing program may not be unique and will appear similar regardless of the house. In other words, these programs (in terms of intervention) are not unique to each individual. They do not consist of activities that are true occupations, but rather the interventions are similar regardless of the distinctive characteristics and needs of the homeless individual. Therefore, intervention may not be effective for all of the individuals.

In summary, the theory of Occupational Adaptation allows the occupational therapist to go beyond any type of evaluation or intervention program in that it addresses the person's ability to adapt. Living an independent and productive life depends on the ability to adapt. Adaptation allows individuals to meet the demands of the environment, cope with the problems of everyday living, and fulfill age specific roles (Breines, 1986; Fidler & Fidler, 1978). Adaptation is an accumulative process in which past experiences shape the future. It allows the individual to appraise new situations through looking at former ways of doing things and finding the best match or developing new ways to perform (Spencer, Davidson, & White, 1996). The theory of Occupational Adaptation looks at the process of adaptation by evaluating how the person goes about day to day activities and the challenges that arise.

Finally, the theory of Occupational Adaptation will enable the occupational therapist to conceptualize the individuals' experience of homelessness in order to create a successful intervention plan. It allows the occupational therapist to address all areas of the person, the environment, and their interaction (person/environment) in order to determine the area or areas that are inhibiting the normal process of adaptation. The theory of OA posits that in order for intervention to be effective (promote adaptation), the treatment program must be directly related to activities that are important and meaningful to the client (Schultz & Schkade, 1992). Therefore, by determining the client's goals and centering intervention on those goals, treatment will be more successful.

The existing homeless shelter is just that, a shelter. A homeless shelter that is designed based on the theory of Occupational Adaptation will change the way the homeless experience is represented and the way problems are managed, it will help people to adapt and live.

Figure 1. Models representing the differences between existing programs and a program based on the Theory of Occupational Adaptation.

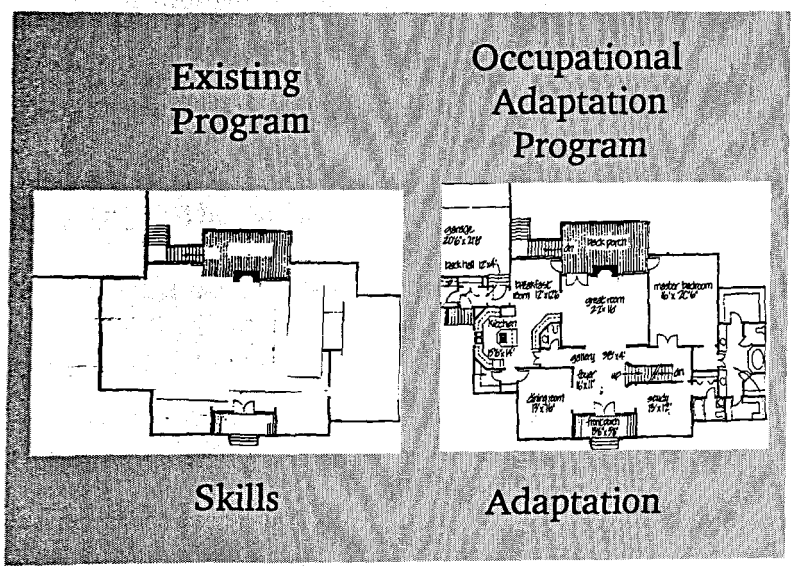


Figure 2. Model representing the Theory of Occupational Adaptation.

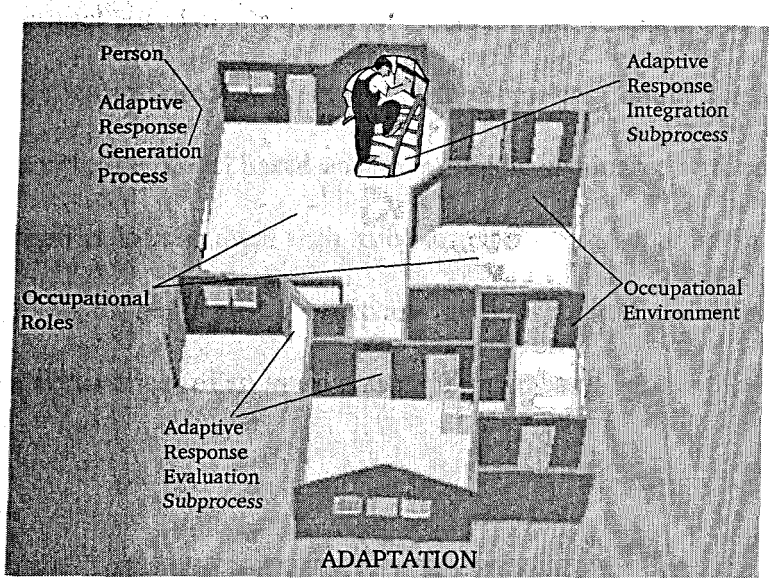
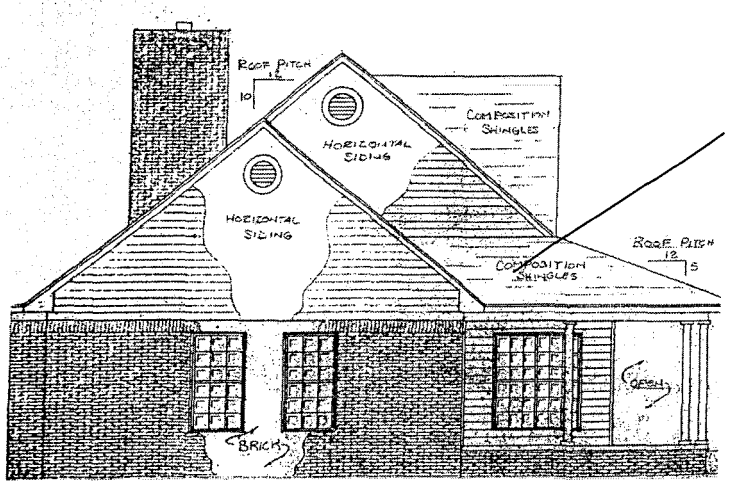


Figure 3. The exterior view of the OA Model emphasizing how occupation and adaptation have become integrated into a single internal phenomenon.



Implications from this line of research suggest the need to develop a practice model based on the theory of Occupational Adaptation in terms of addressing the specific issues and problems inherent in the homeless population. Specific to this line of research, a practice model based on OA would be invaluable with regards to addressing the problems associated with role participation and adaptation. Therefore, research should focus on testing the specific assumptions posited in this theory and examining the effectiveness of an intervention program based on the theory of Occupational Adaptation.

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