
Department of Occupational Therapy Entry-
Level Capstone Projects

Department of Occupational Therapy

5-5-2021

Doctoral Capstone Experience in Program Development - Valley Rescue

Kyra P. Brown
brownkyra5@gmail.com

Follow this and additional works at: https://nsuworks.nova.edu/hpd_ot_capstone

 Part of the Occupational Therapy Commons

Share Feedback About This Item

NSUWorks Citation

Kyra P. Brown. 2021. *Doctoral Capstone Experience in Program Development - Valley Rescue*. Capstone. Nova Southeastern University. Retrieved from NSUWorks, . (3)
https://nsuworks.nova.edu/hpd_ot_capstone/3.

This Entry Level Capstone is brought to you by the Department of Occupational Therapy at NSUWorks. It has been accepted for inclusion in Department of Occupational Therapy Entry-Level Capstone Projects by an authorized administrator of NSUWorks. For more information, please contact nsuworks@nova.edu.

Women's Wellness and Occupational Engagement Program

Kyra P. Brown

Department of Occupational Therapy, Nova Southeastern University

Dr. Christina Kane

April 16, 2021

Abstract

Homelessness is an increasing problem with various implications on individual's physical, mental, and occupational wellness (Tsang et al., 2013). Occupational therapy is positioned to provide holistic, client-centered, and trauma-informed care to those experiencing homelessness (Salsi et al., 2017). While residents at Valley Rescue Women and Children's Center (Valley Rescue) have access to a variety of services, occupation-based education and interventions are extremely limited. This paper describes the completion of a capstone experience at Valley Rescue, with a focus in program development and advocacy. Residents of the shelter expressed interest in education on mental health and wellness and occupational engagement. Throughout this capstone experience, residents received education on health management, leisure exploration, rest/sleep, and securing employment. Through a review of the literature, the need for the implementation of a women's wellness program at Valley Rescue was identified. Future interventions with this population should include further education on mental health management and overall wellness, while maintaining and facilitating clients' autonomy and independence.

Keywords: *occupational engagement, homelessness, women's wellness*

Table of Contents

Introduction.....	4
Literature Review.....	5
Definition of Homelessness.....	5
Health Risks.....	7
The Role of Occupational Therapy.....	8
Call to Action.....	10
Conclusion.....	12
Needs Assessment	13
Goals and Objectives Achieved.....	13
Unplanned Learning Opportunities.....	16
Summary.....	17
Recommendations.....	18
References	19
Appendix.....	23
Introduction.....	23
Mission Statement.....	23
Program Objectives.....	23
What is Occupation?	24
Occupation Definitions.....	25
Intervention Modules.....	26
Module 1: Health Management.....	26
Module 2: Rest and Sleep.....	33
Module 3: Leisure Exploration/Leisure Participation.....	35
Module 4: Social Participation	37

Introduction

Valley Rescue Mission Women and Children's Center is a temporary shelter that provides emergency relief from physical traumas such as fire, eviction, or domestic violence (Valley Rescue Mission, n.d.). Applicants must be at least 21 years old and be able to pass a drug test to be eligible for admission. The center meets basic needs such as shelter, food, and clothing, as well as encouraging residents to participate in spiritual practices. During their first few days at the shelter, residents of the shelter (residents) meet with case managers and/or program assistants to discuss their situation/needs and to set achievable goals for their time at the shelter. Program assistants at the center help residents with obtaining assistance such as food stamps, childcare, unemployment benefits, housing, public transportation, and job placement. Residents are also given daily/weekly chores to complete around the shelter.

This capstone experience focused on program development and advocacy with an emphasis on health and wellness. The final capstone project included the creation of an occupation-based women's wellness program with the help of my capstone mentor. My mentor for this capstone experience was a program assistant for the women and children's center. Her three years of experience with the shelter and previous personal experience with recovery made her an important resource throughout my time at the facility. Her responsibilities included providing community resources for the personal and professional growth of residents, documenting residents' progress, facilitating resident learning through small groups and classes, and providing appropriate programming based upon residents' needs and interests. Throughout the capstone experience, my mentor and I worked closely to ensure the efficacy of the program and that this would be a productive and helpful learning experience. At the end of the capstone experience, I provided a resource manual with all materials, resources, and activity ideas. This

will allow my mentor, program assistants, and future students/interns at the shelter to continue providing the necessary education and resources for residents.

While residents do have access to a variety of resources and limited programming through the shelter, occupational engagement and overall well-being are not regularly addressed in this setting. Residents are encouraged to take advantage of mental health counseling services and available medical professionals. However, occupations such as leisure and health management (i.e., social and emotional health promotion and maintenance, nutrition management) are not the main priority of residents or the program assistants. Due to the traumatic and stressful nature of experiencing homelessness, it is expected that occupational balance, wellness, and engagement would be negatively impacted (Thomas et al., 2010). When working with those experiencing homelessness, occupational therapists should focus on increasing independence, occupational engagement, access to resources, and overall wellness (Salsi et al., 2017).

The Accreditation Council for Occupational Therapy Education (ACOTE) delineates the focus areas for doctoral capstone (Accreditation Council for Occupational Therapy Education [ACOTE], 2020). Students can choose from areas such as clinical practice skills, research skills, administration, leadership, program and policy development, advocacy, education, and theory development (ACOTE, 2020, p. 44).

Literature Review

Definition of Homelessness

Homelessness has become a steadily increasing problem across the world. In January 2020, the United States had over 429,000 homeless households, with over half of these being households with women as primary providers (U.S. Department of Housing and Urban

Development [HUD], 2019). Over 53,000 of these households included children (HUD, 2019). In 2019, the state of Georgia had an estimated 10,443 individuals experiencing homelessness on any given day (United States Interagency Council on Homelessness, 2019). With homelessness impacting such a large number of people, it is important to consider the parameters that define homelessness and its numerous implications on the population's health and wellbeing.

The U.S. Department of Housing and Urban Development provides funding for various programming for those experiencing homelessness. The organization's definition of homelessness determines eligibility for these programs and provides language for other assistance programs across the country. The definition was updated in 2012 and includes four categories of homelessness (National Alliance to End Homelessness, 2012). The categories are listed below:

- People who are living in a place not meant for human habitation, in emergency shelter, in transitional housing, or are exiting an institution where they temporarily resided if they were in shelter or a place not meant for human habitation before entering the institution. The only significant change from existing practice is that people will be considered homeless if they are exiting an institution where they resided for up to 90 days (it was previously 30 days), and were homeless immediately prior to entering that institution.
- People who are losing their primary nighttime residence, which may include a motel or hotel or a doubled up situation, within 14 days and lack resources or support networks to remain in housing. HUD had previously allowed people who were being displaced within 7 days to be considered homeless. The regulation also describes specific documentation requirements for this category.

- Families with children or unaccompanied youth who are unstably housed and likely to continue in that state. This is a new category of homelessness, and it applies to families with children or unaccompanied youth (up to age 24) who have not had a lease or ownership interest in a housing unit in the last 60 or more days, have had two or more moves in the last 60 days, and who are likely to continue to be unstably housed because of disability or multiple barriers to employment.
- People who are fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening situations related to violence; have no other residence; and lack the resources or support networks to obtain other permanent housing. This category is similar to the current practice regarding people who are fleeing domestic violence. (National Alliance to End Homelessness, 2012, p. 1)

While there are several definitions of homelessness that are used in varying research and programming, HUD's definition is broad and encompasses a large portion of the population. These categories are important to consider during program development and service delivery, as well as when understanding the various health risks and disparities that those experiencing homelessness face.

Health risks

The Centers for Disease Control and Prevention (CDC) considers homelessness to be a public health issue due to the increased risk of this population for physical/mental health decline and conditions such as HIV, mental illness, tuberculosis, and alcohol and drug abuse (Centers for Disease Control and Prevention [CDC], 2020). This population's increased risk for health problems stems from several factors such as barriers to care and decreased access to basic needs

such as adequate food and protection (CDC, 2020). According to the National Health Care of the Homeless Council, people experiencing homelessness have higher rates of illness and are at increased risk of death up to 12 years sooner than the general U.S. population (National Health Care for the Homeless Council [NHCHC], 2019).

While experiencing homelessness can be a root cause for new health problems, both physical and mental, it can also exacerbate existing conditions (Tsang et al., 2013). The stress of not having a stable housing situation can lead to the contraction of communicable diseases such as TB, respiratory, illness, flu, hepatitis, etc., while also worsening conditions such as hypertension, diabetes, and asthma (NHCHC, 2019). Behavioral/mental disorders such as depression, alcoholism, and other substance use disorders can develop or worsen due to unstable housing. Those experiencing homelessness are also at risk for decreased sleep health and quality of sleep (Gonzalez and Tyminski, 2020). Overall, experts agreed that “simply being without a home is a dangerous health condition”, and that an individual’s housing and health care are intertwined contexts that impact each other, instead of being separate entities (NHCHC, 2019, p. 1).

The Role of Occupational Therapy

There are several barriers that impact the occupational engagement of those experiencing homelessness. For example, those experiencing homelessness have limited access to opportunities for occupational engagement and are often excluded from mainstream economic and social life, i.e., lack of income/employment, stigma surrounding homelessness, inability to receive specific services due to a lack of a stable address, etc. (Thomas et al., 2010; Lloyd & Bassett, 2012). These barriers have impacted their ability to appropriately engage in occupations within their communities. This population also has limited access to “education, employment,

housing, social networks, and health care”, which causes a shift in their occupational pursuits (Lloyd & Bassett, 2012, p. 19). Survival became their focus, and meaningful occupations were aimed at thriving in their current environment (in a shelter, on the streets, etc). Lloyd and Bassett (2012) found that individuals pursued employment, housing, health care, and education, while occupations such as leisure and social interaction become less important to their everyday survival.

A mixed-methods study completed in a homeless shelter highlighted occupational performance issues relating to self-care, productivity, and leisure, due to residents’ focus on basic survival needs (Salsi et al., 2017). While working to increase residents’ participation in self-care, productivity, and leisure activities, the researchers also sought to study nontraditional classifications of occupations and look at the spiritual nature of occupation. Residents reported that they saw this time at the shelter as a time of transition in which they were seeking security and stability, reshaping their identities, and developing resilience, while also seeking occupations such as paid employment (Salsi et al., 2017).

That same study suggested that occupational therapy (OT) interventions within a homeless shelter should be client-centered, trauma-informed, and occupation-based (Salsi et al., 2017). Interventions should include elements from the clients’ goals and narratives, indicating the need for building and maintaining rapport with clients. Further programming could then build upon skills learned in initial stages and include activities that are more focused on community engagement (Salsi et al., 2017). Occupational therapy practitioners should aim to help clients maximize their strengths and develop skills to participate in everyday occupations and activities (Lloyd & Bassett, 2012; Schultz-Krohn et al., 2006). For example, one research study implemented a life skills program within a homeless shelter that covered topics such as time

management, stress management, conflict resolution, health and wellness, and goal setting (Muñoz et al., 2006). Muñoz (2006) found that residents' participation in those everyday activities and developing new skills increased the clients mental health and overall wellbeing.

Including OT within a homeless shelter setting gives room for a holistic approach to service delivery and provides a more well-rounded experience for clients (Lloyd & Bassett, 2012). However, it is important to consider how OT practitioners relate and engage with this population. Petrenchik (2006) addressed some of the misconceptions and considerations for occupational therapy services for those experiencing homelessness. One main thought of the article suggested that the best way for OT practitioners to enable participation in this setting is to shed the role of expert, as one would have within the medical model. Instead, practitioners should take on roles such as collaborators, facilitators, and partners, all within a community-built model of practice (Petrenchik, 2006). The author went on to discuss community-built practice in relationship to OT and stated that it shifts our focus from fixing problems and prescribing solutions to collaborating and enabling participation in meaningful occupations (Petrenchik, 2006). Recognizing the client as the expert in their own narrative is a powerful tool of occupational therapy, and it is a starting premise to how the profession can effectively serve those experiencing homelessness.

Call to Action

The Occupational Therapy Practice Framework: Domain and Process, 4th edition (OTPF-4) outlines the parameters of occupational therapy practice and what services can be provided to various populations (AOTA, 2020). Occupational therapy practitioners provide various services to clients (individuals, groups, etc.) to increase the client's engagement in meaningful occupations by setting and meeting targeted outcomes (AOTA, 2020). The OTPF-4 also

determines that occupational justice should be an outcome of intervention (AOTA, 2020). The AOTA Code of Ethics standards of conduct related to justice require OT practitioners to “advocate for changes to systems that are discriminatory or unfairly limit or prevent access to occupational therapy services” and “address barriers in access to occupational therapy services” (AOTA, 2015, p. 5). The World Federation of Occupational Therapists Position Statement on Occupational Therapy and Human Rights (2019) describes occupational justice to include having the right to “participate in a range of occupations that support survival, health and wellbeing” and “freely engage in necessary and chosen occupations without risk to safety, human dignity or equity” (World Federation of Occupational Therapists [WFOT], 2019, p. 1).

Occupational therapists are uniquely trained and prepared to advocate for and facilitate occupational justice within all populations, including those experiencing homelessness. It is the duty of OT practitioners to take action to promote occupational justice and human rights that are threatened and agitated by societal problems, barriers (physical, mental, economic, financial, etc.) For those experiencing homelessness, these barriers are vast and can seem insurmountable without the right skills and support. By providing client-centered care that focuses on a clients’ “wants, needs, strengths, contexts, limitations, and occupational risks”, OT practitioners can empower, educate, advocate for, and facilitate personal and professional development for this population and help them to overcome some of the systemic barriers they face (AOTA, 2020, p. 2).

Occupational therapists have the skills to promote health and wellbeing amongst those experiencing homelessness, provide opportunities and access to appropriate and productive self-care, leisure, and spiritual occupations, and facilitate the development of coping skills to help individuals meet the demands of their occupational roles and environments (Thomas et al.,

2010). Practitioners also seek to increase clients' engagement in meaningful occupations, as well as preserve and facilitate the development of one's occupational identity (AOTA, 2020). Occupational identity and self-identity are restructured and reshaped when an individual experiences some form of transition, whether purposeful or unexpected (Raanaas et al., 2019). A transition into homelessness presents its own challenges which often causes individuals to seek new occupations and reevaluate who they are and where they are heading in life (Salsi et al., 2017).

Occupational therapy practitioners can and should offer support, education, and empowerment during this transition. Whether it is using skills in vocational assessment and rehabilitation to facilitate employment, reinforcing life skills such as money management, increasing skills such as stress and anger management, or facilitating the development of appropriate leisure activities, OT practitioners can facilitate occupational participation and increase quality of life for those experiencing homelessness (Thomas et al., 2011). Further research and education will help to advance occupational therapy's knowledge base for appropriate interventions and increase advocacy for further occupational therapy services within the population.

Conclusion

As demonstrated in the literature, those experiencing homelessness are at increased risk for mental, physical, and emotional health issues (CDC, 2020). Occupational therapy's diverse training in areas such as advocacy, program development, education, and empowering clients to increase their overall quality of life, positions the profession to provide client-centered care to this population. Each individual, family, and shelter program is different and will require detailed and unique programming and interventions. Though this review provides a brief glimpse of how

occupational therapy can support those experiencing homelessness, it is a necessary foundation for the creation of a women's health and wellness program within a homeless shelter, as described in the following sections of this paper.

Needs Assessment

Available literature supports the value of occupational therapy intervention within homeless shelters. While Valley Rescue Women and Children's Center does take professional students from various programs (social work, rehabilitative counseling, etc.), there is an absence of occupation-based programming and interventions at the shelter. Residents are provided with basic needs such as shelter, clothing, and food. However, residents do not primarily engage in occupations such as leisure, rest/sleep, and health management, as they are more focused on gaining employment and securing housing for themselves and their families. Residents would benefit from education on mental and emotional health, opportunities to explore and engage in new leisure activities, and discussions on sleep hygiene and how it impacts their daily well-being. My mentor and I determined that residents had a need for increased programming to increase their overall wellness (mental, emotional, physical, etc), occupational engagement, and to increase their quality of life. With this in the mind, I worked with my mentor to create a client-centered and occupation-based wellness program for the residents of the shelter.

Goals and Objectives Achieved

The purpose of this capstone experience was to promote physical, mental, and emotional wellness through occupational engagement for women who are homeless. Based on this purpose statement, I created goals and objectives to help focus the capstone experience and guide the completion of the wellness program. These goals and objectives are listed below.

1. Within the first 4 weeks, the student will perform a needs assessment to further determine residents' wellness and occupational needs to inform future programming.
 - a. The student will perform personal interviews with residents to determine their personal interests and wellness/occupational needs.
 - b. The student will administer a questionnaire to determine residents' general interests, occupational performance/participation, and personal interests/goals.
2. Within the first 6 weeks, the student will use current literature to create appropriate programming and goals for residents.
 - a. The student will complete a literature review of occupational therapy's role with those who are experiencing homelessness.
 - b. The student will use literature on occupational therapy's role with those experiencing homelessness to create the occupation-based program.
 - c. The student will complete a post-intervention assessment to determine efficacy and usefulness of the program.
3. After completing the needs assessment and literature review, the student will introduce programming based upon needs assessment and program director's guidance and direction.
 - a. The student will use interview/questionnaire feedback to create an occupational wellness program to be used within the homeless shelter.
 - b. The student will ask for and implement feedback during program implementation to further adapt the program to residents' needs.

These goals and objectives were broad enough to allow me to be flexible throughout the 16-week capstone experience and tailor the final project to fit the needs of the residents and the facility.

Based on these goals and objectives, I formulated a 16-week plan to follow throughout my experience. The main parts of the plan included building rapport with clients and staff, implementing program events based on results of informal needs assessment, and administering a post-intervention assessment to determine program efficacy. This plan also included regular check-ins with my faculty mentor and on-site capstone mentor. To gauge residents' needs and interests, I conducted an informal needs assessment that included interviews with the residents.

During the interview process, residents were able to discuss some of their personal journeys, goals, and interests. Throughout these interviews, it was clear that residents were interested in and would benefit from education on stress/anxiety management, coping skills, and leisure exploration. Because this facility did not previously have programming in place to address these needs, the goals and objectives for this capstone project allowed me to introduce these and other topics to the residents. Throughout the 16 weeks, my plan was modified and adapted to make room for clients' changing interests and needs, as well as time to peruse research on occupational therapy's role when working with those experiencing homelessness.

Completing the literature review helped to identify a gap in occupation-based programming and support for those experiencing homelessness. It also created an evidence-based foundation for the women's wellness program at this facility. The literature indicated a need for client-centered programming, which was addressed during this program by obtaining consistent feedback from residents, adapting the program based upon feedback, and conducting pre- and post-intervention questionnaires to gauge residents' needs and overall experience with the

program (Salsi et al., 2017). Throughout the completion of the capstone experience, I assembled a program manual with all the program materials used throughout the 16 weeks, information on client-centered interventions, occupation-based practice, and other information pertinent to this setting (See Appendix). This final project helped to decrease the gap in occupation-based programming in this facility; it provided resources for students and staff to continue implementing client-centered programming to help further support residents in this shelter.

Unplanned Learning Opportunities

Throughout the capstone experience, there were several unplanned learning experiences. During my time at Valley Rescue, I spent time advocating for appropriate mental health services for residents, assisting residents with obtaining public assistance, and helping residents seek further education. While these specific activities were not part of my initial plans for this experience, I realized that a concrete approach would not be beneficial in this setting. I adjusted my approach and attitude to be more fluid and adaptive, making sure to listen to what clients needed in the moment, and not just focusing on a larger goal. Much of my programming time was spent in session with residents – building rapport, creating tangible goals and plans, and helping them develop coping skills for anxiety and stress. While these things might not have happened in the planned group sessions, one-on-one sessions were much more client-centered and personal. It was easy to build rapport with residents, and I believe it helped increase the efficacy of the interventions throughout this experience. It also increased my clinical judgment skills and my ability to connect these activities to the individual's occupational engagement.

To my surprise, my biggest learning opportunity was not about program development or evidence-based practice, but about my role as an upcoming practitioner. Clients across all settings bring a lived experience that is important to acknowledge throughout the intervention

process. These experiences seemed to be highlighted in the nontraditional setting of a homeless shelter. Though I understood some of what they were experiencing, everyone had a different story and experience, and they often reported wanting to be validated and heard throughout this process. Part of my role was also to help residents reclaim their autonomy and self-identity, as well as empowering them for the journey ahead. As I worked with the residents during my capstone, I discovered that placing myself in the role of collaborator/facilitator and allowing interventions to be client-directed was much more beneficial than standing in the role of an expert that has a concrete plan of how things should go.

Summary

While creating and implementing the women's wellness program, I worked closely with my mentor and the residents to identify needs, interests, and an overall direction of the program. Informal interviews given prior to program implementation revealed that residents mainly had interests in leisure exploration and mental health education. Subsequently, a women's wellness program was created with modules focusing on the residents' interests, as well as other areas of need determined by the needs assessment. The program included resources on self-identity, stress management, anxiety management, rest and sleep, leisure exploration/participation, and social participation. Events were held throughout the 16-week experience to encourage occupational engagement and social interaction. I also devoted time to individual discussions with residents to help with building rapport, setting goals, and understanding personal strengths and weaknesses. A detailed outline of program materials and other resources was provided for program assistants/future students to continue providing education and resources to residents (see Appendix).

During post-intervention discussions, residents reported increased engagement in their chosen occupations, progress made with educational pursuits, better coping skills and management of anxiety and stress, and overall increased wellness. Several residents I worked with were able to obtain public assistance, housing, and employment while also increasing their mental and emotional health. Other residents were able to receive the appropriate mental health services, which might have included referrals to other facilities. Ultimately, this experience further highlighted the need for occupation-based programming and interventions for those experiencing homelessness, as well as increased advocacy for appropriate services and education for both clients and service providers.

Recommendations

The needs of this facility and its residents are continually changing, partially due to the flow of former residents leaving the facility and new residents arriving. Students and staff working in this facility should aim to provide client-centered care, no matter their professional background. It is important to help those experiencing homelessness maintain their autonomy and facilitate their independence during this time. There should also be a clear focus on empathy and active listening. Residents often reported that they wanted to be heard and included in their plan of action, rather than simply being instructed on how to proceed. The facility would benefit from regular trainings and in-services, for both staff and students/interns, to help implement a more client-centered, trauma-based approach to interaction and intervention (Salsi et al., 2017).

References

- Accreditation Council for Occupational Therapy Education. (2020). *AOTA Accreditation Council for Occupational Therapy Education (ACOTE) Accreditation Manual*.
<https://www.aota.org/-/media/Corporate/Files/EducationCareers/Accredit/Policies/ACOTE%20Manual%20Complete.pdf>
- American Occupational Therapy Association. (2015). Occupational therapy code of ethics (2015). *American Journal of Occupational Therapy*, 69(Suppl. 3), 6913410030.
<https://doi.org/10.5014/ajot.2015.696S03>
- American Occupational Therapy Association. (2020). Occupational therapy practice framework: Domain and process (4th ed.). *American Journal of Occupational Therapy*, 74 (Suppl. 2), 7412410010. <https://doi.org/10.5014/ajot.2020.74S2001>
- Centers for Disease Control and Prevention [CDC]. (2020). *Homelessness as a public health law issue: Selected resources*.
<https://www.cdc.gov/phlp/publications/topic/resources/resources-homelessness.html>
- Chen, S. -W., & Chippendale, T. (2018). The issue is – Leisure as an end, not just a means, in occupational therapy interventions. *American Journal of Occupational Therapy*, 72, 7204347010. <https://doi.org/10.5014/ajot.2018.028316>
- Gonzalez, A. & Tyminski, Q. (2020). Sleep deprivation in an American homeless population. *Sleep Health*, 6(4), 489-494. <https://doi.org/10.1016/j.sleh.2020.01.002>
- Hughes, L. (2017). *How to stop feeling anxious right now*. WebMD.
<https://www.webmd.com/mental-health/features/ways-to-reduce-anxiety>

- Lloyd, C. & Bassett, H. (2012). The role of occupational therapy in working with the homeless population: An assertive outreach approach. *New Zealand Journal of Occupational Therapy*, 59(1), 18-23.
- Muñoz, J. P., Dix, S., & Reichenbach, D. (2006). Building productive roles: Occupational therapy in a homeless shelter. *Occupational Therapy in Health Care*, 20(3-4), 167-187.
https://doi.org/10.1080/J003v20n03_11
- National Alliance to End Homelessness. (2012, January 18). *Changes in the HUD definition of "Homeless"*. <https://endhomelessness.org/resource/changes-in-the-hud-definition-of-homeless/>
- National Health Care for the Homeless Council. (2019). *Homelessness & health: What's the connection?* [Fact Sheet]. <https://nhchc.org/wp-content/uploads/2019/08/homelessness-and-health.pdf>
- Petrenchik, T. (2006). Homelessness: Perspectives, misconceptions, and considerations for occupational therapy. *Occupational Therapy in Health Care*, 20(3-4), 9-30.
https://doi.org/10.1080/J003v20n03_02
- Raanaas, R. K., Lund, A., Sveen, U., & Asbjørnslett, M. (2019). Re-creating self-identity and meaning through occupations during expected and unexpected transitions in life. *Journal of Occupational Science*, 26(2), 211-218.
<https://doi.org/10.1080/14427591.2019.1592011>
- Raypole, C. (2019, May 2014). *30 grounding techniques to quiet distressing thoughts*. Healthline. <https://www.healthline.com/health/grounding-techniques#physical-techniques>

- Salsi, S., Awadallah, Y., Leclair, A. B., Breault, M., Duong, D., & Roy, L. (2017). Occupational needs and priorities of women experiencing homelessness. *Canadian Journal of Occupational Therapy, 84*(4-5), 229-241. [https://doi.org/ 10.1177/0008417417719725](https://doi.org/10.1177/0008417417719725)
- Schultz-Krohn, W., Drnek, S., & Powell, K. (2006). Occupational therapy intervention to foster goal setting skills for homeless mothers. *Occupational Therapy in Health Care, 20*(3-4), 149-166. https://doi.org/10.1080/J003v20n03_10
- Smith, S. (2018, April 10, 2018). 5-4-3-2-1 coping technique for anxiety. University of Rochester Medical Center. <https://www.urmc.rochester.edu/behavioral-health-partners/bhp-blog/april-2018/5-4-3-2-1-coping-technique-for-anxiety.aspx>
- Thomas, Y., Gray, M., & McGinty, S. (2010) Homelessness and the right to occupation and inclusion: an Australian perspective. *World Federation of Occupational Therapists Bulletin, 62*(1), 19-25. <https://doi.org/10.1179/otb.2010.62.1.005>
- Thomas, Y., Gray, M., & McGinty, S. (2011). A systematic review of occupational therapy interventions with homeless people. *Occupational Therapy in Health Care, 25*(1), 38-53. <https://doi.org/10.3109/07380577.2010.528554>
- Tsang, A., Davis, J. A., & Polatajko, H. J. (2013). On the edge of the possible: Considering homelessness. *Canadian Journal of Occupational Therapy, 80*(4), 200-204. [https://doi.org/ 10.1177/0008417413505422](https://doi.org/10.1177/0008417413505422)
- U.S. Department of Housing and Urban Development [HUD]. (2019). *HUD 2019 Continuum of Care Homeless Assistance Programs Homeless Populations and Subpopulations*. U.S. Department of Housing and Urban Development. https://files.hudexchange.info/reports/published/CoC_PopSub_NatlTerrDC_2019.pdf

United States Interagency Council on Homelessness. (2019). *Georgia Homelessness Statistics*.

United States Interagency Council on Homelessness.

<https://www.usich.gov/homelessness-statistics/ga>

Valley Rescue Mission. (n.d.) *Shelters*. www.valleyrescuemission.org/shelters

World Federation of Occupational Therapists [WFOT]. 2019. *Occupational therapy and human rights (revised)* [Position Statement]. World Federation of Occupational Therapists.

<https://wfot.org/resources/occupational-therapy-and-human-rights>

Appendix

Occupation-Based Women's Wellness Program Resource Manual

Introduction

Based upon the findings of the needs assessment, an occupation-based women's wellness program was developed to increase residents' access to various occupations and overall wellness within a women and children's homeless shelter. The occupational therapy capstone student worked closely with program assistants and residents to create a client-centered program that would directly reflect the needs and interests of the population. The following materials contain resources from events that were implemented during the capstone experience, as well as other ideas that students/interns and staff members can implement in the future. These and other resources can be used to continue providing access to resources and education.

Mission Statement

To implement an occupation-based women's wellness program within a women and children's shelter to increase resident's independence, access to resources, and increase overall wellness.

Program Objectives

1. To promote occupational engagement
2. To increase residents' awareness of strengths and weaknesses
3. To educate residents on health management, leisure exploration, and rest/sleep hygiene
4. To facilitate and promote residents' independence.

What is Occupation?

In occupational therapy, an occupation is defined as “everyday personalized activities that people do as individuals, in families, and with communities to occupy time and bring meaning and purpose to life” (American Occupational Therapy Association [AOTA], 2020, p. 7).

Occupations are broken up into the following categories:

- Activities of daily living
- Instrumental activities of daily living
- Health management
- Rest and sleep
- Education
- Work
- Play
- Leisure
- Social participation (AOTA, 2020, p. 7)

These 9 categories provide a wide range of what occupational therapy can do and how we can help facilitate independence in an individual’s life. For those experiencing homelessness, some occupations can seem more important than others. However, engagement in all occupations is important for one’s overall wellbeing (AOTA, 2020). Experiencing homelessness is a difficult and traumatic time in an individual or family’s life; during this time, one’s main priority might be on securing housing or employment. It is still important that every part of a person’s wellness is addressed during this time, including mental and emotional health, as well as leisure exploration and social participation (Lloyd & Bassett, 2012; Salsi et al., 2017).

Occupation-Based Program Definitions

Health Management

- “Activities related to developing, managing, and maintaining health and wellness routines, including self-management, with the goal of improving or maintaining health to support participation in other occupations.” (AOTA, 2020, p. 32)

Rest and Sleep

- “Activities related to obtaining restorative rest and sleep to support healthy, active lifestyle engagement in other occupations.” (AOTA, 2020, p. 32)

Leisure Exploration/Participation

- “Identifying interests, skills, opportunities, and leisure activities.
- Planning and participating in leisure activities; maintaining a balance of leisure activities with other occupations; obtaining, using, and maintaining equipment and supplies.” (AOTA, 2020, p. 34)

Social Participation (peer group participation)

- “Engaging in activities with others who have similar interests, age, background, or social status.” (AOTA, 2020, p. 34)

Module 1: Interventions for Health Management

Activity Title: Setting the Tone

Description: This activity provides participants an opportunity to reflect on things they are grateful for, create positive affirmations, and practice goal setting for their future. It can be completed at any time of year, but it is aimed towards the beginning of the year. This is a group activity, and participants can discuss their answers with each other.

Using markers, visually make 3 sections on the poster board - “What I’m Grateful For”, “Positive Affirmations”, and “Goals.” After discussing the purpose of the activity, have participants reflect on each section one at a time, and then write their answers on the slips of paper. Encourage carry-over with each statement. For example, encourage them to reflect on things they are grateful for each day to set the tone for their day. Suggest that they write positive affirmations on sticky notes to place on their mirror. Ask them how they plan to meet their goals and encourage them to come up with a plan for completion.

Source: Used as an introductory event for beginning of program implementation.

Time to Complete: 20-30 minutes

Supplies Needed: Poster board, slips of paper construction paper, glue/tape, markers/crayons/colored pencils.

Activity Title: Stress Management

Description: This event focuses on helping participants identify their triggers for stress and their current coping skills. Participants will receive education on how stress can affect the body and suggestions of more coping skills they can use. Participants will be creating aromatherapy stress balls. Education during this event can be done casually while completing the activity. Encourage discussion and reflection amongst the participants as they create their stress balls. This activity is kid friendly as well.

Time to Complete: 45-60 minutes

Tips for Facilitators: Please be aware of any allergies participants may have and be aware of precautions necessary when using essential oils.

Source(s): How to Make Aromatherapy Stress Balls:
<https://oneessentialcommunity.com/aromatherapy-stress-balls/>

Supplies Needed: Flour, balloons, a funnel, water bottles, essential oils, instructions (<https://oneessentialcommunity.com/aromatherapy-stress-balls/>)

Additional Resources: Educational source on stress:
<https://my.clevelandclinic.org/health/articles/11874-stress>

Activity Title: Feeling Anxious?

Description: This activity is meant to facilitate discussion on anxiety triggers and coping skills for dealing with anxiety. A pamphlet was created for participants so they could have quick access to coping skills such as breathing techniques and grounding techniques. Facilitators can recreate appropriate take-home materials.

Time to Complete: 20-30 minutes

Source(s): How to stop feeling anxious - <https://www.webmd.com/mental-health/features/ways-to-reduce-anxiety>

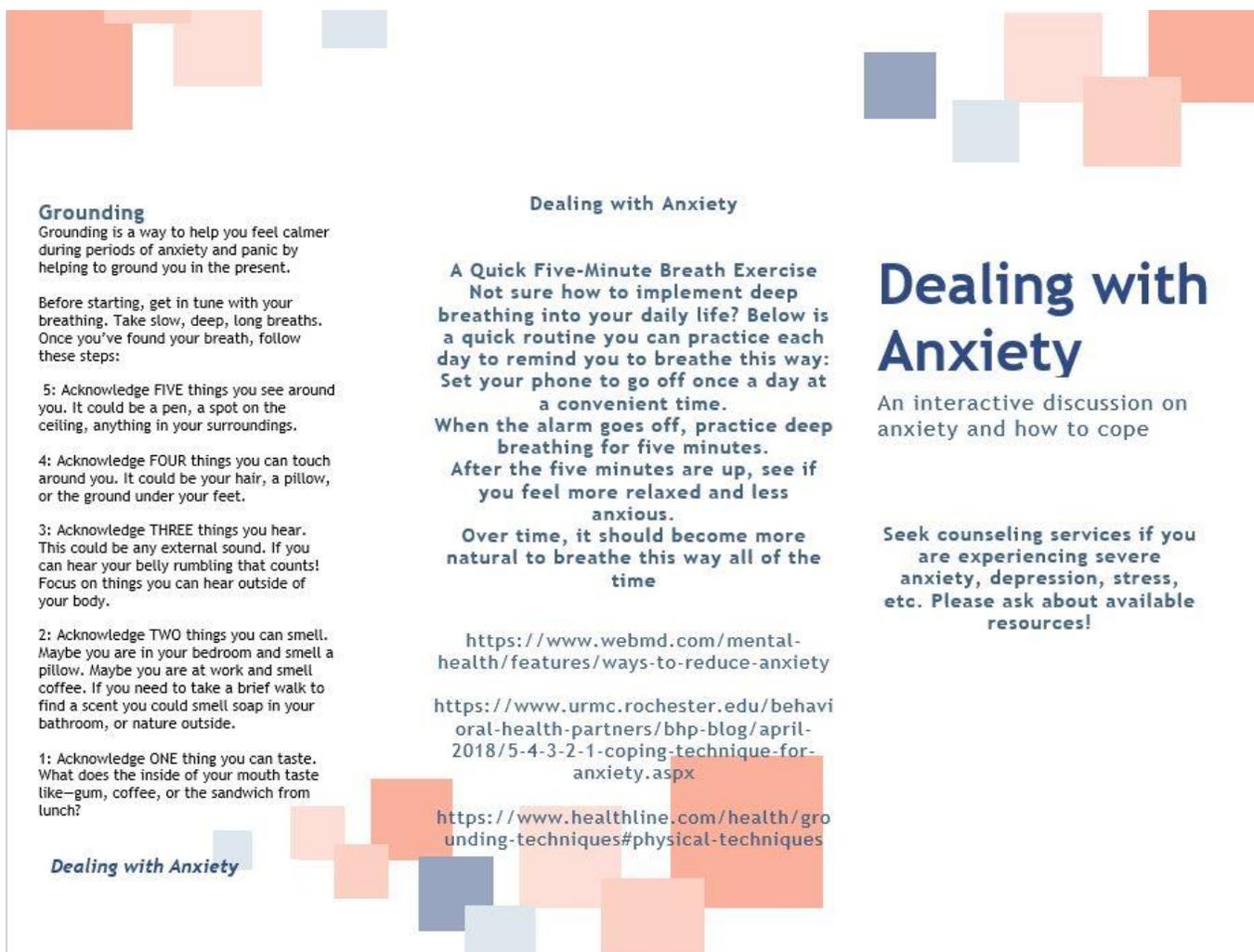
Grounding techniques - <https://www.healthline.com/health/grounding-techniques#physical-techniques>

5-4-3-2-1 coping technique for anxiety - <https://www.urmc.rochester.edu/behavioral-health-partners/bhp-blog/april-2018/5-4-3-2-1-coping-technique-for-anxiety.aspx>

Supplies Needed: pamphlet/take home materials for participants

Figure A1

Dealing with Anxiety Pamphlet Example page 1 (used in conjunction with Feeling Anxious activity, see above)



Dealing with Anxiety

Grounding
Grounding is a way to help you feel calmer during periods of anxiety and panic by helping to ground you in the present.

Before starting, get in tune with your breathing. Take slow, deep, long breaths. Once you've found your breath, follow these steps:

- 5: Acknowledge FIVE things you see around you. It could be a pen, a spot on the ceiling, anything in your surroundings.
- 4: Acknowledge FOUR things you can touch around you. It could be your hair, a pillow, or the ground under your feet.
- 3: Acknowledge THREE things you hear. This could be any external sound. If you can hear your belly rumbling that counts! Focus on things you can hear outside of your body.
- 2: Acknowledge TWO things you can smell. Maybe you are in your bedroom and smell a pillow. Maybe you are at work and smell coffee. If you need to take a brief walk to find a scent you could smell soap in your bathroom, or nature outside.
- 1: Acknowledge ONE thing you can taste. What does the inside of your mouth taste like—gum, coffee, or the sandwich from lunch?

Dealing with Anxiety

A Quick Five-Minute Breath Exercise
Not sure how to implement deep breathing into your daily life? Below is a quick routine you can practice each day to remind you to breathe this way: Set your phone to go off once a day at a convenient time. When the alarm goes off, practice deep breathing for five minutes. After the five minutes are up, see if you feel more relaxed and less anxious. Over time, it should become more natural to breathe this way all of the time

<https://www.webmd.com/mental-health/features/ways-to-reduce-anxiety>

<https://www.urmc.rochester.edu/behavioral-health-partners/bhp-blog/april-2018/5-4-3-2-1-coping-technique-for-anxiety.aspx>

<https://www.healthline.com/health/grounding-techniques#physical-techniques>

Dealing with Anxiety

Dealing with Anxiety

An interactive discussion on anxiety and how to cope

Seek counseling services if you are experiencing severe anxiety, depression, stress, etc. Please ask about available resources!

Note. Pamphlet created using Microsoft Word. References for this pamphlet are included in the reference list.

Figure A2

Dealing with Anxiety Pamphlet Example page 2

DISCUSS AND DEFINE

Anxiety is defined as

- A feeling of worry, nervousness, or unease, typically about an imminent event or something with an uncertain outcome
- A nervous disorder characterized by a state of excessive uneasiness and apprehension, typically with compulsive behavior or panic attacks

Based on how anxiety impacts your life, take a few minutes to define anxiety in your own words

RECOGNIZING SYMPTOMS

Anxiety can present itself in various ways and cause many symptoms. These can be physical, emotional, behavioral, amongst other things.

Physical symptoms

- Stomachaches
- Headaches
- Heart palpitations/fast heartbeat
- Digestive problems
- Sleep disturbances
- Muscle tension
- Physical discomfort
- Tingling

Emotional symptoms

- Uncontrollable worry
- Fear
- Feeling on edge

Behavioral Symptoms

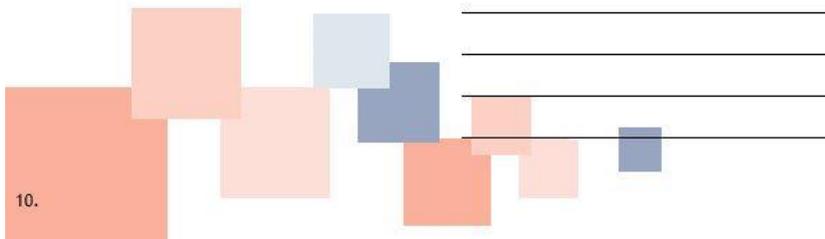
- Difficulty concentrating
- Restlessness
- Irritability

What are some other symptoms of anxiety that you experience?

QUICK TIPS

WebMD.com lists several ways that you can redirect your thoughts and cope with anxiety.

1. Stay in your time zone.
 - a. Anxiety is a future-oriented state of mind.
 - b. Ask yourself, what's happening right now? Am I safe? Is there something I need to do right now? If not, make an appointment to check in with yourself later in the day to revisit your worries so those distance scenarios don't throw you off track.
2. Relabel what's happening.
 - a. Remind yourself that you're safe and you're okay.
3. Fact-check your thoughts.
 - a. Fight your anxious feelings with truth.
4. Breathe in and out.
 - a. Take some deep breaths, in through your nose, out through your mouth.
5. Just do something.
 - a. Stand up, take a walk, throw away a piece of trash from your desk - any action to take your mind off what's making you anxious.
6. Stand up straight.
7. Stay away from sugar.
 - a. Studies show that sugar can worsen anxious feelings.
8. Ask for a second opinion.
 - a. Talk to a friend or family member and run through your worries with them. Saying them aloud to someone else can help you see them clearly for what they are
9. Watch a funny video.



Activity Title: Progressive Muscle Relaxation

Description: This program is meant to educate participants about progressive muscle relaxation or PMR. PMR is an exercise that allows participants to release stress and tension that is held throughout the body. During this exercise, you tense a group of muscles while breathing in, and then relax them when you breathe out.

There are various videos and instructions that guide you through each muscle group across the body. Videos can vary in length. A 15-minute video is linked below. On YouTube, you can search for “progressive muscle relaxation” and find a wide variety of videos to choose from.

Before beginning the video, explain to participants the benefits of this exercise and discuss some of the effects of stress. After the session, debrief with residents about how they feel and if they think they will continue using this technique.

Time to Complete: 20-30 minutes

Source: Progressive Muscle Relaxation Video - https://www.youtube.com/watch?v=86HUcX8ZtAk&ab_channel=relaxforawhile

Supplies Needed: Progressive Muscle Relaxation Video, computer with internet connection and audio capability, quiet room to complete activity.

Activity Title: Can You See It?

Description: This activity allows participants to create personal mission/vision statements for their lives. Part of health management is “identifying personal strengths and assets” and “developing self-identity.” (AOTA, 2020, p. 32). The worksheets linked are designed to help participants work through

Time to Complete: ~30 minutes.

Source: Personal Vision Statement Template and Template for Writing a Personal Vision Statement (<https://mentoringgroup.com/personal-vision-statement.html>).

Supplies Needed: Personal Vision Statement Template and Template for Writing a Personal Vision Statement (found in link above).

Figures A3 and A4 show examples of personal vision statement template and template for writing a personal vision statement. Formatting is better in landscape mode.

Additional Resources: Creating a personal mission statement - <https://www.livecareer.com/resources/careers/planning/creating-personal-mission-statements>

Figure A3

Personal Vision Tool #1 (used in conjunction with Can You See It activity, see above)

Personal Vision Tool #1			
Things I Enjoy Doing	What Brings Me Happiness/Joy	The Two Best Moments of My Past Week	Three Things I'd Do If I Won the Lottery

Issues or Causes I Care Deeply About	My Most Important Values (Circle)	Things I Can Do at the Good-to-Excellent Level	What I'd Like to Stop Doing or Do as Little as Possible
	Having integrity Serving/pleasing God Being fit and healthy Having a nice home and belongings Leaving the world a better place Having fun Learning and improving myself Making others' lives easier or more pleasant Enjoying my family Others? (Add)		

Note. Personal Vision Tool. <https://mentoringgroup.com/personal-vision-statement.html>

Figure A4

Personal Vision Statement Worksheet (used in conjunction with Can You See It activity)

Tool #2: Personal Vision Statement	
1. Based on my personal research, these are the main things that motivate me/bring me joy and satisfaction:	
2. My greatest strengths/abilities/traits/things I do best:	
3. At least two things I can start doing/do more often that use my strengths and bring me joy:	
4. This is my Personal Vision Statement for myself (in 50 words or less):	

Note. Personal Vision Statement Worksheet. <https://mentoringgroup.com/personal-vision-statement.html>

Module 2: Interventions for Rest and Sleep

Activity Title: Getting some Zzzz

Description: This activity is designed to allow participants to track their sleep routines/habits so they can improve their sleep quality/patterns. The sleep diary worksheet facilitates reflection of one's sleeping patterns for a week; questions are asked about their habits during the day, before bed, how many times they woke up, how sleepy they are during the day, etc. The sleep hygiene sheet has tips on how to improve sleep quality.

Discuss the importance of proper rest/sleep and sleep hygiene and its implications on performance of various activities and occupations throughout the day.

Time to Complete: 15-20 minutes

Sources: Sleep Diary worksheet (<https://www.therapistaid.com/therapy-worksheet/sleep-diary>)

Sleep hygiene worksheet (<https://www.therapistaid.com/therapy-worksheet/sleep-hygiene-handout>)

Supplies Needed: Sleep diary and sleep hygiene worksheets (found at links above)

Additional Resources:

Extra information about sleep hygiene

- <https://www.sleepfoundation.org/sleep-hygiene>
- <https://www.betterhealthatworkaward.org.uk/Sleep%20Hygiene%20Worksheet.pdf>

Activity Title: Make Your Own Sleep Spray

Description: The purpose of this activity is to provide participants with both social participation and a creative outlet to produce something to increase their sleep/rest quality. Instructions are provided at the link below. Various forms of this activity can be found online. Please use caution when using essential oils!

Time to Complete: 30-45 minutes

Source: Instructions for making sleep spray - <https://www.upandalive.com/natural-pillow-spray-recipe-essential-oils/>

Supplies Needed: witch hazel, distilled water, essential oils, 2–4-ounce amber glass spray bottles, funnel.

Additional Resources: 16 pack glass spray bottles (https://www.amazon.com/Wedama-Accessories-Watering-Flowers-Cleaning/dp/B07VYWL5KL/ref=sr_1_6?dchild=1&keywords=2-4+ounce+amber+glass+spray+bottles&qid=1617809192&sr=8-6)

Cost: Total - ~\$17, depending on number of participants

- 16 glass spray bottles - \$12
- Witch Hazel – \$4
- Distilled water - \$1

Module 3: Interventions for Leisure Exploration/Leisure Participation

Activity Title: The Pie of Life

Description: This activity facilitates participants' reflection on how they spend their time versus how they would ideally like to spend their time. Encourage discussion on how to incorporate more leisure exploration in balance with responsibilities such as work, education, parenting, etc. Discuss leisure exploration and how it is important for occupational balance.

Time to Complete: 20-30 minutes

Source: Pie of Life template - <https://silo.tips/download/balancing-work-and-personal-life>

Supplies Needed: Balancing Work and Personal Life Worksheets (found at link above), pens/pencils, markers/crayons if participants want to be creative.

Additional Resources: Chen, S. -W., & Chippendale, T. (2018). The issue is – Leisure as an end, not just a means, in occupational therapy interventions. *American Journal of Occupational Therapy*, 72, 7204347010. <https://doi.org/10.5014/ajot.2018.028316>

Activity Title: Leisure Interview

Description: This group activity provides allows participants to reflect on their current leisure interests with another person in the group.

Time to Complete: 30-45 minutes

Source: Leisure questionnaire - <https://sites.temple.edu/alyssamartins/activity-toolkit/leisure-explorationvalues/>

Supplies Needed: Leisure questionnaire, link above.

Module 4: Interventions for Social Participation

Activity Title: Creation Station – Painting Pots

Description: This activity provides an opportunity for social participation and a creative outlet. This activity could also be combined with an educational moment (i.e., discussing anxiety, coping skills, etc.). Please tailor it to the group as appropriate.

Time to Complete: 30-90 minutes, not including total dry time.

Source: Detailed instructions for painting terracotta pots: <https://getbusygardening.com/painting-terracotta-pots/>

Supplies Needed: terracotta pots, foam sponge paint brushes, assorted acrylic paint colors, newspaper, decorations (optional – twine, yarn, beads, stickers, stencils, etc.), all-purpose craft glue, spray sealer, paper plates, water.

Some art supplies are available within the facility. Please coordinate with facility for this event.

Cost: (dependent on how many participants)

- Pots - \$0.97 each at Home Depot

Activity Title: Sowing Seeds

Description: This activity allows participants to continue working on their painted pots by adding seeds/starter plants while facilitating social participation amongst participants. Be sure to provide instructions for care and maintenance of the plants.

Time to Complete: 30-45 minutes

Supplies Needed: seeds/plants, soil, water.

Additional Resources: Discuss with program assistants/administration the feasibility of this project. Various organizations/businesses might want to donate materials for this activity.

Cost: dependent upon number of participants and types of plants used. Seeds will be a more cost-effective option than starter plants.

Activity Title: Paint Party (Virtual)

Description: This activity provides an opportunity for social participation for participants, while also providing them with a creative outlet.

There are free classes on YouTube that will detail each step of the painting process; this will only leave the cost of materials. An artist or paint party business might want to donate their time to the facility; please consider the wide variety of options there are for this program.

Time to Complete: 45-90 minutes, depending on complexity of painting and number of participants.

Supplies Needed: acrylic paint, canvases, brushes, table-top easels, instructional easel, table clothes, water containers, paper towels, palettes or paper plates, aprons, hair dryer.

Additional Resources: Paint Party Instructions - <https://stepbysteppainting.net/2017/09/07/diy-paint-night-supplies/>

Paint Party Video - <https://youtu.be/PSgBX3myz9I>

Cost: The links below show options for paint party kits for a group of people.

- https://www.amazon.com/Canvas-Painting-Acrylic-Paintbrushes-Supplies/dp/B089LKHQJ6/ref=sr_1_5?dchild=1&keywords=paint+party+kit&qid=1617650210&sr=8-5
- https://www.amazon.com/Stretched-Painting-8x10-Traceless-Sets%EF%BC%8C100-Acrylics/dp/B08BPGSJ54/ref=sr_1_8?dchild=1&keywords=paint+party+kit&qid=1617650210&sr=8-8