

**The Efficacy and Feasibility of Occupational Therapy Programming Focused on Health  
and Wellness within a Homeless Shelter**

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### **Abstract**

Homelessness is a serious problem and can have many negative effects, including poor health (Hodge et al., 2017). Homelessness is closely tied to occupational deprivation and occupational injustice (Cunningham & Slade, 2019). The purpose of this doctoral capstone project was to address the occupational needs of individuals experiencing homelessness. By working with the Wheeler Mission Center for Women and Children, this project aimed to decrease occupational deprivation and increase overall wellness through the implementation of occupation-based programming. Occupation-based programming was introduced over the course of 14 weeks, in combination with ongoing program evaluation. Success of the program was evaluated in a number of different ways, including distributing pre- and post-program surveys, evaluating results from the Canadian Occupational Performance Measure and by receiving verbal feedback from staff members. Participants were recruited from the Foundations of Wellness program at the Wheeler Mission and included individuals with a wide range of health concerns. Results indicated that participants had statistically significant increases in satisfaction with programming following the implementation of occupation-based programming, as well as significant increases in self-perceived occupational performance and satisfaction. These results can be used to advocate for the role of occupational therapists within homeless shelters, as they can increase occupational engagement and participant satisfaction. Additional research is needed to further define the role of occupational therapists within homeless shelters and to further investigate the impact occupational therapists can have on homeless populations.

*Keywords:* homelessness, occupational therapy, occupational deprivation, occupational injustice, community practice

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## **Chapter 1: Introduction**

Homelessness is a problem that affects individuals both locally and globally. Every night in the United States, more than 500,000 individuals find themselves without stable housing (Feldman et al., 2017). Indianapolis alone has over 1,500 individuals experiencing homelessness each night, according to most recent point-in-time data (Roll & Baily, 2019). Of those individuals, over 1,400 end up in shelters across the city, including the Wheeler Mission (Roll & Baily, 2019).

There are many ways in which homelessness is defined, which can lead to confusion and discrepancies (Cordray & Pion, 1991). The term “homeless” throughout this project is used to refer to any person who lacks permanent housing. This includes individuals residing in supervised public or private facilities (e.g., shelters), transitional housing, with friends or family members or those sleeping outdoors overnight (Legal Information Institute, 2015). This project worked directly with individuals residing in a public, supervised shelter setting.

### **Causes of Homelessness**

There are many risk factors which can contribute to homelessness. In the United States, non-Hispanic black individuals and Hispanic individuals are more likely to experience homelessness than non-Hispanic white individuals (Fusaro et al., 2018). Low income and money mismanagement have been found to be contributing risk factors for homelessness (Iheanacho et al., 2018). In addition, unemployed individuals often experience homelessness at a higher rate than those who are employed, and employed homeless individuals often experience homelessness for a shorter duration than those who are unemployed (To et al., 2016). Substance use disorder, alcohol abuse and history of using intravenous drugs have been found to be

associated with homelessness, as have being incarcerated and having a history of being involved in the foster care system (Montgomery et al., 2018).

### **Homelessness and Health**

Poor health can be both a cause and a result of homelessness (Hodge et al., 2017). Research indicates that 30-50% of homeless individuals suffer from some type of mental illness and an estimated 31% of homeless individuals suffer from some type of chronic physical disorder (Institute of Medicine (US) Committee on Health Care for Homeless People, 1988; Scott, 1993). Those who experience homelessness have higher instances of chronic obstructive pulmonary disease, skin and foot problems, and tuberculosis and are at risk of dying prematurely (Hwang, 2001). Homelessness can exacerbate existing conditions, as homeless individuals often struggle to find appropriate healthcare (Hodge et al., 2017). Homeless individuals also have a higher prevalence of uncontrolled diabetes and hypertension compared to the general public (National Academies of Sciences, Engineering, and Medicine, 2018). Homelessness can have many lasting effects on an individual's overall well-being and mental health as well, as research indicates homelessness can result in PTSD, increased anxiety and depression (Taylor & Sharpe, 2008).

### **Occupational Deprivation and Occupational Justice**

Occupations are defined as “daily life activities in which people engage” (Occupational Therapy Practice Framework: Domain and Process, 2017, p. S43). Occupations include any activities in which an individual finds meaning, including activities that must be done, such as bathing, dressing, toileting and eating, as well as activities in which the individual enjoys, including leisure activities, hobbies, work and school (Occupational Therapy Practice Framework: Domain and Process, 2017). Occupations differ among individuals because each

individual's needs and interests are different. Occupational therapists take into account the individualized needs of clients when creating occupational therapy plans, goals and treatments.

Occupational deprivation is defined as being “precluded from opportunities to engage in occupations of meaning due to factors outside their control” (Whiteford, 2000, p. 200).

Occupational deprivation is prevalent among individuals experiencing homelessness. Residing in a shelter may lead individuals to find new occupations out of necessity to fill their time, but individuals may not find these occupations to be meaningful (Chard et al., 2009). Research indicates that homeless individuals may create routines around finding services to meet their needs and may struggle to find occupations to replace these routines once housed (Boland & Cunningham, 2019).

In addition to occupational deprivation, individuals experiencing homelessness may also face occupational injustices. Researchers define occupational justice as “occupational rights to inclusive participation in everyday occupations for all persons in society, regardless of age, ability, gender, social class, or other differences [*sic*]” (Nilsson & Townsend, 2010, p. 58). Those experiencing homelessness often face occupational injustices, due partly to the occupational deprivation they experience (Cunningham & Slade, 2019). Because homeless individuals spend a large portion of their time participating in occupations necessary for survival, the opportunity for participation in desired occupations is limited (Cunningham & Slade, 2019). Lack of transportation, funds, knowledge and access also precludes homeless individuals from participating in desired occupations, furthering occupational deprivation and injustice (Boland & Cunningham, 2019).

**Site Identification**

This doctoral capstone project was completed in partnership with the Wheeler Mission Center for Women and Children (CWC). The Wheeler Mission CWC is a social services organization located on the east side of Indianapolis. The center serves women of any age who are experiencing homelessness, as well as their children. The Wheeler Mission was founded in 1893, with the CWC opening in 1991 (Women's Services, n.d.). Because of its longevity in the Indianapolis community, the Wheeler Mission is well known and well-funded (L. Hoffman, personal communication, October 18, 2019).

The Wheeler Mission CWC is located at 3208 East Michigan Street, Indianapolis, Indiana. The facility serves 39,699 meals to individuals in the Indianapolis community annually and has 36 family shelter beds, 22 emergency shelter beds and 50 long-term shelter beds (Our Impact, Your Impact, 2019). The shelter also provides emergency housing during the winter months in a program called Winter Contingency. This program serves hundreds of individuals each night (Our Impact, Your Impact, 2019).

Aside from its Winter Contingency program, the Wheeler Mission CWC provides numerous long-term programs to women in the Indianapolis area experiencing homelessness. Currently, the mission provides programs including "Foundations of Wellness", a program centered on job training and skill development for women at the shelter. The CWC offers a program titled "Revive", which provides parenting classes for mothers and childcare and educational opportunities for their children. Addiction counseling is available at the Wheeler Mission through a program titled "Higher Ground". All programming is Christ-centered and deeply rooted in teachings from the Bible (Women's Services, n.d.). Women enrolled in these programs are provided with long-term housing at the shelter, three meals a day and



individualized case management. The goal is for every woman enrolled in programming to secure permanent housing and lead a productive and fulfilling life after leaving the shelter.

### **Problem Statement and Purpose**

While the Wheeler Mission CWC currently offers numerous programs to the women who stay at the shelter, more can be done to address the specific needs of women at the shelter with physical and mental illnesses and disabilities. Occupational therapy programs to address the needs of this specific population are needed, as occupational therapy is uniquely equipped to work with individuals with physical or mental health needs. While occupational therapy is currently missing from the Wheeler Mission, occupational therapy programs have the potential to greatly benefit the women and children of the shelter and increase their overall health and well-being.

The purpose of this doctoral capstone experience and project was to address the occupational needs of individuals living in the Wheeler Mission CWC in order to decrease occupational deprivation and increase overall wellness. This project aimed to target individuals specifically who have disabilities, both physical and mental, and better address their needs. The overall outcome of the project was to increase meaningful participation for those with disabilities within the Wheeler Mission CWC.

### **Chapter 2: Needs Assessment**

In order to evaluate the specific needs of the Wheeler Mission CWC, a needs assessment was completed. The needs assessment included meeting with stakeholders, including the program director and a case manager at the CWC, and direct observations on-site. The proposed program was then based on the needs identified during these meetings and observations.

### **Needs Assessment Interviews**

In order to best assess the needs of the Wheeler Mission, the program director at Wheeler Mission CWC was contacted. While she was unable to meet in-person, she was able to answer questions over email. Refer to Appendix A for full email correspondence. This portion of the needs assessment process was conducted prior to arrival of the occupational therapy student on-site.

The program director emphasized that main focus of programming at the Wheeler Mission CWC should be on wellness from a holistic perspective (L. Hoffman, personal communication, October 18, 2019). According to the program director, individuals with mental health needs are currently underserved at the mission, and she stated an interest in providing programming for those individuals (L. Hoffman, personal communication, October 18, 2019). She also indicated that a limitation of the Wheeler Mission is ability to serve those with significant physical illness, as they often require specialized care. She expressed concerns regarding individuals currently participating in wellness programming, as she feels they lack motivation and worries they will socially isolate themselves after transitioning to stable housing. She also stated a desire to incorporate problem solving and critical thinking skills into established programming (L. Hoffman, personal communication, October 18, 2019).

An in-person interview was also conducted with a case manager at the CWC. When speaking with the case manager, she stated that the biggest need she saw was keeping the women in the program engaged. She felt that the women needed extra encouragement to participate in meaningful activities, as they often opted to sleep during the day rather than attending programming. She stated that helping the women find meaningful activities that they enjoyed

would be beneficial and would help the women after transitioning out of the shelter and into stable housing, as they would have a “toolbox” of activities to do throughout the day.

### **On-Site Observations**

In addition to speaking with the program director and case manager, on-site observations were also conducted. On-site observations occurred during the first week of the doctoral capstone project. Observations were in keeping with statements gathered during the needs assessment interviews. While programing had been established for individuals with physical and mental health needs through the Foundations of Wellness program, it appeared the women were not engaged. It was observed that the participants seemed to lack motivation to participate in programming, choosing instead to stay in bed whenever possible. Many of the women required verbal encouragement to participate and constant reminders to attend classes and complete chores. Many of the women demonstrated poor coping and resolution skills, resulting in frequent outbursts over minor inconveniences.

### **Program Proposal**

The proposed capstone project included weekly group sessions focused on health and wellness within the shelter. Research suggests the effectiveness of health promotion programs as a means of engaging homeless populations in order to increase overall health (Coles et al., 2012). Each session was intended to focus on a different topic related to health and wellness, including healthy eating/cooking, sexual health, parenting/post-partum depression, coping skills, stress management, etc. Research indicates the need for activities of daily living (ADL) and instrumental activities of daily living (IADL) training within homeless populations to promote health and wellness (Power & Hunter, 2001). The proposed program included administering a survey on the first day to learn more about the participants and to gauge which topics would be

relevant and interesting. Survey results would be used in combination with results from the needs assessment completed by the program director and case manager to guide programming.

Proposed groups sessions included both educational and hands-on training components to keep participants engaged, as research indicates that hands-on activities can increase interest and intrinsic motivation (Erickson et al., 2020). The sessions would be specially tailored to meet the physical and mental needs of the participants, as the program was created especially for individuals with physical and mental disabilities. The proposed program also included training the staff at the Wheeler Mission CWC on health and wellness topics for sustainability purposes. It was intended that the Wheeler Mission staff would be left with a binder upon completion of the program with information regarding the curriculum in order to continue group sessions in the future.

### **Chapter 3: Literature Review and Gap Analysis**

Individuals experiencing homelessness face a multitude of issues which occupational therapists can address. While there is research to support the presence of occupational therapists within homeless shelters (Lloyd et al., 2017; Merryman & Synovec, 2017; Roy et al., 2017), many individuals experiencing homelessness struggle to find access to occupational therapy and other health services (Schultz-Krohn, & Tyminski, 2018).

Research indicates that occupational therapists can play a vital role in homeless shelters by aiding residents in re-establishing life roles and regaining occupational balance (Lloyd & Bassett, 2012). Lloyd and Bassett (2012) assert that occupational therapists have a broad skill set and are therefore indispensable when it comes to working with homeless populations. In addition to completing basic evaluations and risk assessments, occupational therapists are also competent in helping clients re-establish roles, including the roles of parent and worker. Thomas et al.

(2011) identified money management, coping skills, employment, education, and leisure as areas in which occupational therapists should focus their attention. Occupational therapists can also help to establish life skills, such as basic home management and medication management, in order to increase independence after moving from homeless shelters to more permanent housing (Lloyd & Bassett, 2012).

Merryman and Synovec (2020) discussed the importance of including occupational therapists on interdisciplinary teams working with homeless individuals. The authors emphasized the unique value of occupational therapy when working with this population, citing that occupational therapist view clients from a performance-based aspect which can help to better understand the client's needs (Merryman & Synovec, 2020). By better understanding the needs of clients, occupational therapists can then provide better and more client-specific care.

Research also supports the implementation of health and wellness programming, including programming focused on increasing health literacy, medication management, and coping skills in homeless shelters in order to improve the overall wellbeing of residents (Lloyd et al., 2017; Thomas et al., 2011). Occupational therapy services have been shown to improve the overall health and wellness of individuals in homeless shelters. In an article by Lloyd et al. (2017), the authors assert that occupational therapists, through the use of occupational therapy assessments and interventions, have the opportunity to reduce the number of emergency room visits by homeless individuals. By providing services to homeless individuals in the community at locations such as homeless shelters and food pantries, occupational therapists are able to increase health and decrease the number of unnecessary emergency room visits (Lloyd et al., 2017).

**Gap Analysis**

Occupational therapists are uniquely equipped to work with individuals experiencing homelessness due to occupational therapy's commitment to treat patients holistically and take into account the context of patients' environments (Lloyd & Bassett, 2012). Occupational therapists can work with homeless individuals to increase parenting education, re-establish life roles and acquire home management skills (Lloyd & Bassett, 2012). Occupational therapists can also play a critical role in addressing the needs of homeless individuals suffering from mental illness. Due to the high prevalence of mental illness among homeless individuals, occupational therapy is needed within the shelter to address the needs of these individuals (Lloyd et al., 2017; Scott, 1993).

**Gap Identification**

Currently, the Wheeler Mission CWC does not employ an occupational therapist. However, occupational therapy services could greatly benefit the women of the Wheeler Mission, as occupational therapy programs have the potential to have a great impact on decreasing the instance of occupational deprivation and increasing meaningful participation. There are many opportunities within the CWC for an occupational therapist to apply his or her expertise in order to increase overall health and wellbeing of individuals and improve quality of life.

While the Wheeler Mission CWC currently has numerous programs for the women who use the shelter, very few of the programs are geared toward the overall health and well-being of women experiencing mental or physical disabilities. Addressing the physical and mental health needs of individuals utilizing the shelter is crucial, as few homeless individuals have access to appropriate healthcare (Baggett et al., 2010). Occupational therapy programming focused on

educating women about general health, access to healthcare and increasing wellness would benefit the women of the Wheeler Mission. Programming designed specifically for individuals with physical and mental disabilities is necessary, due to the high instance of mental illness seen in the shelter and the lack of current programming specifically targeting this population. Classes addressing coping skills and emotional regulation would be beneficial, as it was identified that many individuals at the mission lack these skills. Engaging classes that are client-centered are also needed in order to increase motivation to participate, as many individuals at the mission were identified as being unmotivated.

#### **Chapter 4: Model Guiding the Capstone Project**

The Canadian Model of Occupational Performance (CMOP) is an occupational therapy model that looks at the interplay between person, environment and occupation, and the effects these have on occupational performance (Sumsion, 2006). Spirituality is at the center of the model, which aligns well with the values of the Wheeler Mission CWC as it is a faith-based organization. The Canadian Occupational Performance Measure (COPM) is an outcome measure that can be used in accordance with the CMOP. The COPM can be used to determine a client's self-perceived occupational performance and satisfaction over time (Law et al., 1998). Research supports the use of the CMOP and the COPM when working with individuals experiencing homelessness, as the COPM has been used in a number of studies (Muñoz et al., 2006; White & O'Keefe, 2017) to investigate self-perceived occupational performance issues and to promote increased client-centered treatment, with positive results noted. A study by Warren (2002) concluded that the COPM, in combination with other performance and environmental assessments, is a useful tool for occupational therapist working in mental health practice. Therefore, the proposed capstone project was based on the CMOP and utilized the COPM in

order to gauge participant's satisfaction and performance of daily occupation throughout the project. Results from the COPM were also used to guide goal setting and educational seminars based on the needs of the participants.

### **Chapter 5: Capstone Project Plan and Process**

#### **Plan**

All goals and objectives were established and agreed upon by the student, site mentor and faculty mentor in keeping with identified needs based on the gap analysis and needs assessment.

The goals and objectives of the capstone project were as follows:

- Goal: By the end of the capstone experience, the student will demonstrate ability to create a comprehensive health and wellness program within a community setting in order to enhance program development skills.
  - Objective: Student will develop educational programming based on the identified needs of participants.
  - Objective: Student will implement programming within established timeframe and will develop assessments in order to gather data on effectiveness.
  - Objective: Student will establish curriculum regarding health and wellness programming based on feedback from participants in order to make program sustainable.
- Goal: Student will demonstrate ability to communicate clearly with participants and colleagues in order to better develop professional communications skills.
  - Objective: Student will provide weekly updates regarding programming to site mentor, faculty mentor and capstone coordinator in order to facilitate clear communication between all parties.



- Objective: Student will develop interpersonal relationships with participants in order to build rapport and facilitate a therapeutic relationship.
- Objective: Student will answer all questions and address all concerns from participants in a timely manner.
- Goal: Student will demonstrate competency related to management by working with others and delegating tasks related to the project.
  - Objective: Student will practice professionalism and will develop professional working relationships with other employees and staff.
  - Objective: Student will clearly communicate the necessity for additional support, supplies, or space to appropriate parties as needed.
  - Objective: Student will assign tasks and delegate work to volunteers when appropriate.

Success of the program was evaluated using surveys distributed to participants at the beginning and end of program implementation, in addition to verbal feedback provided by the program director of the shelter and other staff members.

### **Process**

A timeline of events for the creation and implementation of the project can be found in Table 1. Prior to arriving on-site, the needs of the site were assessed, a gap analysis was conducted, and literature was gathered on which to base the program. Upon arrival on-site, the first week was spent completing orientation and observing different classes which are offered to the women of the shelter in various programs. The second week of the project was spent gathering data on previously established programming in order to gauge participant engagement and satisfaction. Weeks three through 12 were spent implementing occupation-based classes,

establishing and working towards goals with clients, and creating schedules and interest checklists with participants in preparation for independent living. On-going data analyzation was conducted during this time, as data was collected after each class in order to measure participant satisfaction regarding each class topic and material. Weeks 13 and 14 were spent completing final data analyses and debriefing staff, who were provided with a detailed occupational therapy-based programming curriculum and in-person training.

### **Chapter 6: Capstone Project Implementation**

Project implementation took place on-site at the Wheeler Mission CWC over the course of 14 weeks. Implementation included special precautions, such as mask wearing and social distancing when possible, to abide with COVID-19 restrictions. Due to COVID-19 restrictions, some aspects of the project, such as having volunteers assist with the program or any off-site visits, were suspended. All rules previously established by the shelter regarding COVID-19 protocol were followed during the course of the program.

#### **Participants and Recruitment**

IRB approval was received prior the start of the doctoral capstone project. The project involved working with individuals enrolled in the Foundations of Wellness program at the Wheeler Mission CWC. Participants of the Foundations of Wellness program were asked to participate in the doctoral capstone project, and all verbally agreed. All the participants were female and were experiencing homelessness at the time of participation. All of the participants included in the doctoral capstone program had at least one diagnosable condition and many of the individuals had multiple physical and mental diagnosis. Diagnoses included scoliosis, chronic obstructive pulmonary disease, emphysema, ovarian cancer, coronary artery disease, arthritis, Parkinson's Disease, glaucoma, bipolar, anxiety, schizophrenia, and depression, among

others. All of the women in the Foundations of Wellness program were waiting for or had already received disability assistance from the government. Despite this, two participants held part-time jobs, both in health care as certified nursing assistants. Due to the transient nature of the participants, the program fluctuated between five and seven participants. Participants ages ranged from 38-60.

### **Project Components**

The capstone project followed the established timeline (Table 1) with minor deviations as a result of staffing changes and COVID-19. As a result of staffing changes within the Wheeler Mission, the number of classes was increased from the intended one 2-hour class per week to one 2-hour class and one 1-hour long classes per week, with an additional 2-hour class every other week. A sample of the weekly class schedule is provided in Table 2. Class topics differed each week and were based on the needs of the participants, suggestions from stakeholders and current literature. A list of weekly class topics is included in Table 3.

All classes were held face-to-face on-site at the Wheeler Mission CWC. Classes were provided in a group setting. Individual meetings were available as requested and occurred occasionally to delve further into topics, address goal-setting and other concerns, and answer questions related to material covered.

### **Budget and Resources**

While there was no established budget for the capstone project, the cost of implementation was minimal. The Wheeler Mission CWC provided many of the required resources, such as paper, pencils, art supplies, and weekly prizes for participation, as well as a large multi-purpose room in which each class was held. Additional resources, such as specific

materials for each class, group games, and additional art supplies, were bought at the expense of the capstone student. Additional costs were less than \$100.

### **Chapter 7: Capstone Project Evaluation and Results**

The purpose of this doctoral capstone project was to address the occupational needs of individuals living in the Wheeler Mission CWC. This was to be achieved by decreasing occupational deprivation and increasing overall wellness through the implementation of occupation-based programming. The project was carried out by means of weekly educational occupation-based classes over the course of the doctoral capstone experience. Previously established programming was also evaluated and modified as needed to ensure it was client-centered and meeting the needs of the participants.

#### **Evaluation**

Success of the program was evaluated in a number of different ways. Pre-program and post-program surveys were given to participants in order to measure satisfaction with programming. Copies of provided surveys can be found in Appendix B. The surveys included items regarding general overall health, specific health concerns, satisfaction with overall programming and opinions regarding specific aspects of wellness programming. The surveys were given in person and included a mixture of five-point Likert scale items and open-ended questions. Pre-program surveys were distributed during week two of the doctoral capstone experience and post-program data was collected during week 13.

As the program was based on the Canadian Model of Occupational Performance, the Canadian Occupational Performance Measure (COPM) was implemented to evaluate participants' performance and satisfaction with their ability to complete daily tasks throughout the program. Results were used to guide goal setting for participants. Class topics were also

developed based on specific needs of participants as indicated by the COPM. The COPM was initially given during the third week of the doctoral capstone project and reassessed during the 13<sup>th</sup> week.

Additional means of evaluation included feedback from staff members, such as the program director and case manager. Regular meetings were scheduled throughout the doctoral capstone experience, during which the program was discussed, and constructive feedback was provided. Feedback from the program director and the case manager was used to guide programming and make changes as needed, ensuring that the programming met the needs of the site and the participants.

## **Results**

A total of five participants completed the pre-program survey, post-program survey, and the COPM. Results from the pre-program and post-program surveys were evaluated, with common themes being identified for open ended questions. Independent samples *t*-tests were conducted for selected Likert scale questions on the pre-program and post-program surveys. The COPM was scored according to manufacturer guidelines. Paired samples *t*-tests were then conducted for participation and satisfaction scores on the COPM.

### ***Pre-Program Survey Results***

A total of five participants completed the pre-program surveys. A majority of participants indicated they had “Somewhat Bad” ( $n=3$ , 60%) or “Neutral” ( $n=1$ , 20%) health. Satisfaction with current programming varied from “Very Unsatisfied” ( $n=1$ , 20%) to “Somewhat Satisfied” ( $n=1$ , 20%). The biggest health concerns identified by participants were mobility, housing, and strength, in addition to specific concerns related to pre-existing health conditions. Participants indicated that their favorite parts of the program included having outside guests lead sessions,

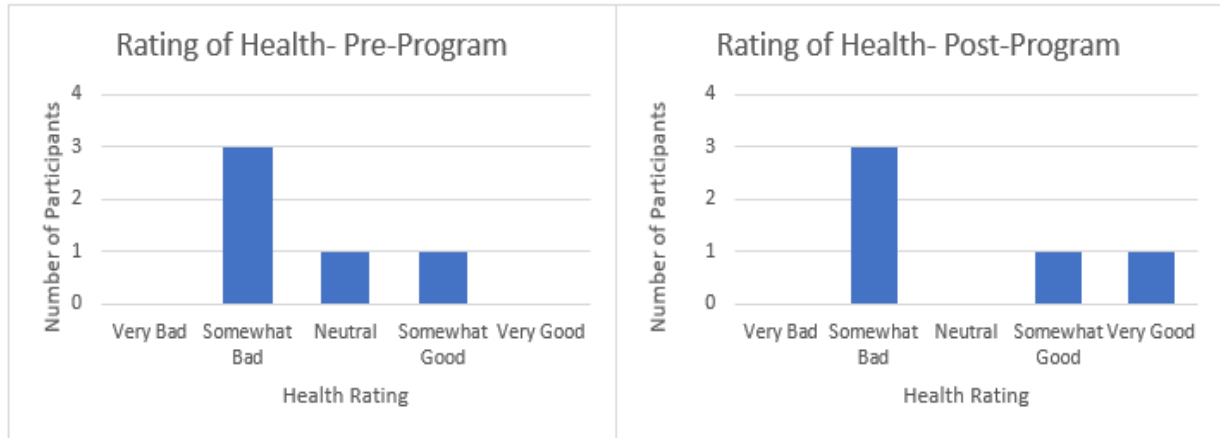
being able to address future concerns, building relationships with other guests and participating in group activities. Participants identified doing chores and going to the computer lab as their least favorite parts of the program. Suggested changes included receiving more help with housing and more information on available resources, keeping people accountable, creating a greater sense of cohesion, and creating individualized programming.

### ***Post-Program Survey Results***

A total of five participants completed the post-program survey. As with the pre-program survey, a majority of participants rated their current health as “Somewhat Bad” ( $n=3$ , 60%). However, one participant rated her health as “Very Good.” See Figure 1 for a comparison of pre-program to post-program ratings of general health. Satisfaction with current programming varied from “Neutral” ( $n=1$ , 20%) to “Very Satisfied” ( $n=1$ , 20%), with a majority of participants indicating they were “Somewhat Satisfied” ( $n=3$ , 60%). See Figure 2 for a comparison of pre-program to post-program ratings of satisfaction with programming. All participants ( $n=5$ , 100%) indicated that current programming met their needs and that they were satisfied with the changes that had been made during the doctoral capstone experience. Participants indicated that the changes made to the program had either a “Moderate Impact” ( $n=3$ , 60%) or “Significant Impact” ( $n=2$ , 40%) on their desire to participate in the program. Suggestions for additional changes included having more cooking classes and having group movie nights to increase participation and group cohesion.

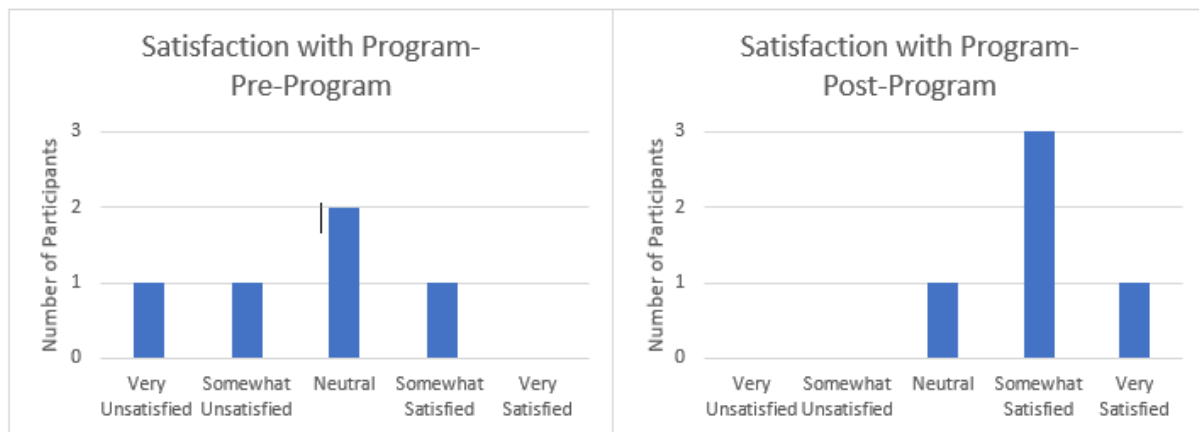
**Figure 1.**

*Comparison of pre-program and post-program ratings of general health.*



**Figure 2.**

*Comparison of pre-program and post-program ratings of satisfaction with current programming.*



All participants specified that they felt the goal setting worksheet, interest checklist, and weekly schedule (see Appendix B for samples of all worksheets) were helpful. Additionally, all participants indicated that they felt the COPM was helpful for setting client-centered goals. Participants’ confidence in their ability to be successful in securing stable housing ranged from

“Somewhat Unconfident” (n=1, 20%) to “Very Confident,” with a majority of participants indicating they were “Somewhat Confident” (n=2, 40%) or “Very Confident” (n=2, 40%). All participants indicated that they felt the program had helped them to grow as a person.

Independent *t*-tests were conducted to examine the relationship between results of the pre-program survey and the post-program survey for two items: general health and satisfaction with the current programming. The difference between ratings of general health on the pre-program survey ( $M=2.60$ ,  $SD= 0.89$ ) and the post-program survey ( $M= 3.00$ ,  $SD= 1.41$ ) was not significant ( $t(8)= 0.53$ ,  $p= .61$ ). Difference in satisfaction with current programming between the pre-program survey ( $M=2.60$ ,  $SD= 1.14$ ) and the post-program survey ( $M= 4.00$ ,  $SD= 0.71$ ) was significant ( $t(8)= 2.33$ ,  $p= .048$ ), indicating that participants were significantly more satisfied with programming on the post-program survey.

### ***COPM Results***

A total of five participants completed the COPM. Performance scores ranged from 1.75 to 5.30 and satisfaction scores ranged from 1.25 to 5.30 on initial evaluation. Upon reassessment, performance scores ranged from 4.20 to 8.30. See Figure 3 for a comparison between performance scores on initial assessment versus reassessment. Satisfaction scores ranged from 6.50 to 8.30. See Figure 4 for a comparison between satisfaction scores on initial assessment versus reassessment. All participants reported increases in both perceived performance and satisfaction upon reassessment of the COPM.

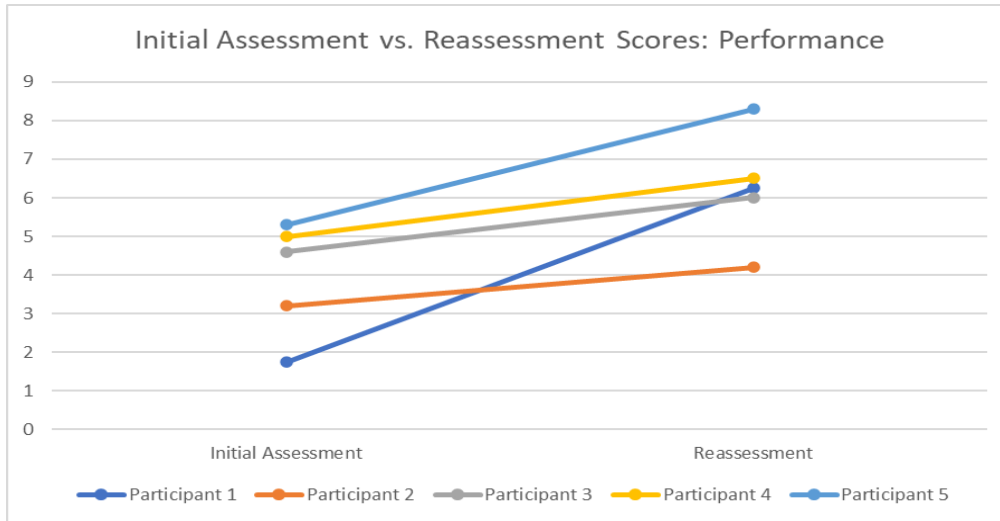
Dependent *t*-tests were conducted on performance and satisfaction scores to examine the difference in scores from initial assessment to reassessment. Results indicated that there was a significant increase in performance skills from initial assessment ( $M=3.37$ ,  $SD= 1.90$ ) to reassessment ( $M= 7.07$ ,  $SD= 0.71$ ) ( $t(4)= 3.50$ ,  $p= .02$ ) as well as a significant increase in



satisfaction scores from initial assessment ( $M=3.97$ ,  $SD= 1.48$ ) to reassessment ( $M= 6.25$ ,  $SD= 1.46$ ) ( $t(4)= 5.16$ ,  $p= .007$ ).

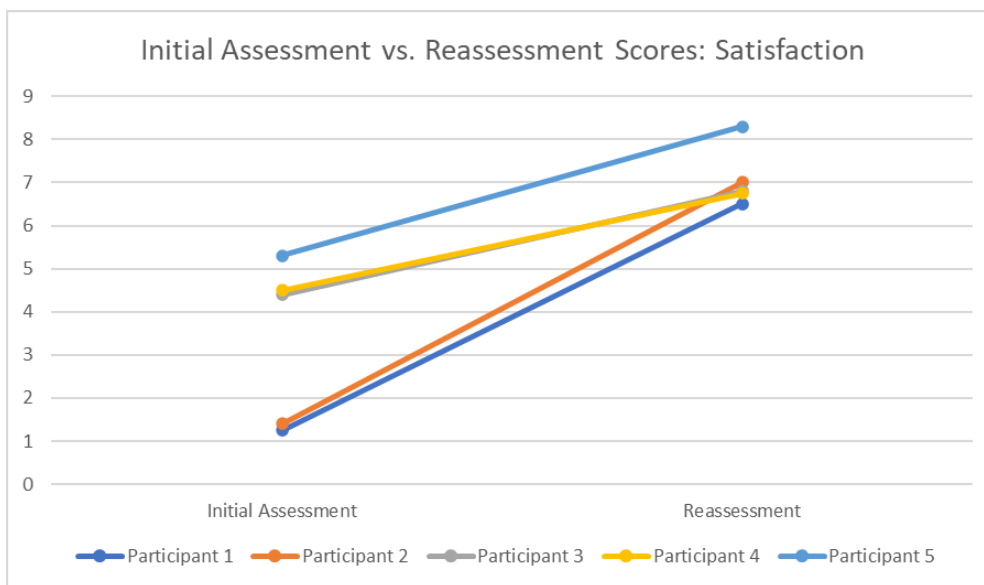
**Figure 3.**

*Comparison of performance scores on initial assessment versus reassessment.*



**Figure 4.**

*Comparison of satisfaction scores on initial assessment versus reassessment.*



## Chapter 8: Discussion and Impact

### Discussion

Results from this project indicate that after occupation-based programming was implemented, participants had statistically significant increases in satisfaction with programming. Participants also had statistically significant increases in occupational performance and satisfaction, as based on scores from the COPM. Results from this doctoral capstone experience and project demonstrate the value of occupation-based programming within homeless shelters, which is consistent with current literature findings (Lloyd & Bassett, 2012; Lloyd et al., 2017; Muñoz et al., 2006).

Occupational therapy programs can benefit individuals through the development of life skills such as home management, medication management and money management, in addition to increasing coping skills and emotional regulation (Lloyd et al., 2017). Through the use of educational classes, this project aimed to increase these skills, and resulted in significant increases in self-perceived occupational performance and satisfaction. This study suggests that occupational therapists have the opportunity to play a unique and vital role within homeless shelters. Results from this project indicate that providing occupation-based programming can increase participants' satisfaction and occupational engagement. Research indicates that occupational therapists are well equipped to provide services to marginalized populations through the use of client-centered programming (Muñoz et al., 2006). Results from this project further support the presence of occupational therapists in homeless shelters in order to aid marginalized individuals in maximizing occupational engagement.

Limitations of this study include small sample size and high instance of attrition. Due to the transient nature of the participants, the attrition rate for this program was around 20%. High

attrition rates and small sample sizes pose a risk to the validity of studies (Nayak, 2010).

Therefore, due to a small sample size and high rate of attrition, it is uncertain that the results of this study can be generalized to the population as a whole. Further research is needed to study the impact occupational therapy can have on the health and wellbeing of individuals experiencing homelessness, as well as the role occupational therapists can play within homeless shelters.

### **Impact**

This doctoral capstone project had a significant impact on the Wheeler Mission CWC, but also had larger impact on the field of occupational therapy as a whole. Research from this doctoral capstone project will be used to guide programming in the future at the CWC. As the Wheeler Mission plans to triple the size of the Foundations of Wellness program in the coming year, suggestions made throughout the course of this project will be used to develop future programming. Program recommendations will ensure that classes are client-centered and meet the needs of the participants. This project helped to identify areas of improvement for the program, as well as significantly increasing the self-perceived occupational performance of participants, both of which resulted in increased satisfaction with programming.

This doctoral capstone project also had an impact on the field of occupational therapy as a whole. Occupational therapy services within homeless shelters are an emerging practice area (Schultz-Krohn, & Tyminski, 2018). Results from this project demonstrate the importance of providing individuals experiencing homelessness with access to occupational therapy services. This project supports the implementation of occupational therapy services within homeless shelters as a means of increasing occupational engagement. Results from this project can be used to further advocate for the presence of occupational therapists within homeless shelters.

**Sustainability and Feedback**

For sustainability purposes, the staff members at the Wheeler Mission CWC were trained on occupation-based programming. The staff were provided with a binder containing a goal setting worksheet, modified interest checklist, blank weekly schedule, suggestions for occupation-based classes and educational handouts for future classes. See Appendix B for further details regarding the occupation-based programming binder. The staff was educated on the importance of ensuring that programming was both occupation-based and client-centered in order to promote occupational engagement. Additionally, the staff was educated on the use and administration of the COPM and provided with resources for purchasing in the future, if interested.

Feedback was provided throughout the course of the program from the program director and the case manager for the Foundations of Wellness program, which was used to make changes as needed to ensure programming was meeting the needs of both the participants and the site. Upon completion of the doctoral capstone project, a meeting was held between stakeholders to discuss results and suggestions for future programming. The program director indicated that the doctoral capstone project had met the needs of the shelter, in addition to meeting all goals and objectives set forth at the beginning of the doctoral capstone experience. She stated that she appreciated the feedback provided and that the suggestions would be used to guide programming in the future. The case manager stated that she also appreciated the efforts of the doctoral capstone student and would be taking into account the suggestions for future classes. Both parties stated that they felt the occupation-based programming binder would be a valuable resource and would be utilized regularly.

## **Chapter 9: Conclusion**

The purpose of this doctoral capstone project was to address the occupational needs of individuals experiencing homelessness. By working with the Wheeler Mission CWC, this project aimed to increase the quality of life for women living at the shelter. This was to be achieved by decreasing occupational deprivation and increasing overall wellness through the implementation of occupation-based programming. Occupation-based programming was introduced over the course of 14 weeks in combination with ongoing program evaluation. Success of the program was evaluated in a number of different ways, including distributing pre- and post-program surveys, evaluating results from the COPM and by receiving verbal feedback from staff members at the CWC. Results indicated that participants had a statistically significant increase in satisfaction with programming following the implementation of occupation-based programming, as well as significant increases in self-perceived occupational performance and satisfaction. These results can be used to advocate for the role of occupational therapists within homeless shelters as a means of increasing occupational engagement and participant satisfaction. Additional research is needed to further define the role of occupational therapists within homeless shelters and to further investigate the impact occupational therapists can have on homeless populations.

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**Table 1**  
**Timeline of Events**

|                   |   |
|-------------------|---|
| Prior to arrival: | Needs Assessment (completed November 2019), Gap Analysis (completed November 2019), Literature Review (completed June 2020) |
| Week 1            | Orientation   |
| Week 2            | Program Assessment and Development  |
| Week 3-12         | Program Implementation, Data Collection   |
| Week 13           | Data Analysis, Drafting of Final Report   |
| Week 14           | Debrief and Presentation of Findings, Training of Staff   |

**Table 2**  
**Sample Weekly Schedule**

| <b>Foundations</b>                                      | <b>Monday</b>          | <b>Tuesday</b>        | <b>Wednesday</b>      | <b>Thursday</b>    |
|---|------------------------|-----------------------|-----------------------|--------------------|
| <b>9:00-10:00</b>                                       | Bible Study<br>Floor 5 | <b>Rotating Class</b> | Cooking Class         | <b>Workshop*</b>   |
| <b>10:00-11:00</b>                                      |                        |                       |                       |                    |
| <b>11:00-11:30</b><br><i>Mandatory</i>                  | Community Meeting      | Lunch/Break           | Lunch/Break           | Lunch/Break        |
| <b>11:30-1:00</b><br><i>Lunch is served 11:30-11:45</i> | Lunch/Break            |                       |                       |                    |
| <b>1:00-2:00</b>  | Computer Lab           | Counseling Class      | <b>Rotating Class</b> | Restored Creations |
| <b>2:00-3:00</b>  | Group Activity         |                       | Open/break            |                    |

Highlight denotes classes related to the doctoral capstone project.

\* Workshop was held every other week. During off weeks, an additional occupational therapy-based course was held.

**Table 3**  
**Weekly Class Topics**

|         |   |
|---------|---|
| Week 1  | Orientation   |
| Week 2  | Program survey, Dealing with Change                         |
| Week 3  | Budgeting, Dealing with Conflict                            |
| Week 4  | Creating a Daily Schedule, Leisure Exploration              |
| Week 5  | Healthy Relationships, Boundaries, Self-Care                |
| Week 6  | Goal Planning and Achievement, Dealing with Anxiety         |
| Week 7  | Medication Management, Nutrition                            |
| Week 8  | Financial Literacy: Getting out of Debt, Interest Checklist |
| Week 9  | Anger Management, Leisure Participation                     |
| Week 10 | Financial Literacy: Saving for Major Purchases, Coping      |
| Week 11 | Health Sleep Habits, Increasing Self Esteem                 |
| Week 12 | Home Management, Emergency Preparedness                     |
| Week 13 | Program Evaluation, Complete Daily Schedule                 |
| Week 14 | Debrief   |

## Appendix A

### Email Correspondence

**Bold** indicates questions asked by Tori Munson, OTS and *italicized* indicates responses from the program director.

**1. What kinds of populations do you see most often?** *We serve those that are experiencing homelessness. We have an average age of around 40. We continue to see growth in the mental health population and have seen more older adults then five to ten years ago. Substance abuse continues to be a concern amongst our population. What populations would you say are underserved within the mission?* *Those with severe mental illness are the most underserved- it is not just within the mission it is a national concern.*

**a. What ideas do you have about addressing the transient nature of the populations you serve?** *We provide Winter Contingency from November 1 through March 31 every year. This allows those that may have normally been on the streets- either by choice or because shelters are full to have space. This allows folks to stay overnight from 4pm to 8am. They have dinner and breakfast with us. They can stay in the day room if they are over 60, have children or have mobility concerns. This allows some people the ability to trust a shelter and possibly take advantage of services. Beyond Winter Contingency, we offer long term programs that allow people to stay stable while pursuing goals and also allows for them to connect with wrap around services.*

**2. What does a typical day look like for an individual staying at the mission?** *Wake up at 6ish. We distribute medication to those that need it from 715 to 830. From 6-730 people are generally showering, getting dressed etc. By 730 we serve breakfast. From 8-9 clean area and prepare for the day. Everyone has to be dressed and out of bed by 9. 9-11 are classes and then 1130 is lunch. 1-3 are classes. 430 is dinner. For those that are in long term programming they would attend classes and activities during the 9-11 and 1-3 slots. Our recovery program has classes until 4 and then meetings three nights a week after 6pm. Our ladies in Emergency Services have to be out of the building between 1-4.*

**3. Have there been any programs implemented in the past that were successful?**

**a. When do you think would be the best time to implement a program (in the evening/during the day)?** *We have several programs. We have a Work Readiness program, a Wellness Program, a GAP Program, a family program as well as Emergency Services and Winter Contingency. Evening programming is not popular though we have bible studies two nights a week and many attend church midweek. We have social activities at night on Friday and Saturday.*

**b. What life skills do you think would be the most important to address when developing a wellness program? What occupational deficits do you see in the individuals you serve?** *I am really looking into including some critical thinking and problem solving into our current programming. I feel like the wellness guests lack interest and motivation. They are content to do nothing most of the time. It worries me for them when they are in independent housing because I feel like they will easily isolate*

*and then decline. I would love to see ways to encourage motivation and interest in doing new things and overcoming whatever binds them from getting stuck in this pattern.*

**4. What would you consider the strengths of this organization?** *Wheeler is in it's 126<sup>th</sup> year. We are well known and well supported as a place that serves those in need with integrity and love. Wheeler stands firm on the foundation of Jesus.*

**a. What resources does the mission have?** *Because of our longevity, we have good funding and this allows us the resources that we need to serve.*

**5. What limitations does the mission face?** *We can't be the solution for all things. We struggle with being able to serve those with severe mental illness and those with significant physical illness. Those folks need more significant and specialized care then we can manage well.*

**a. What are some restrictions facing the mission?** *If I am following what you mean by this, the thing I think about is transportation. Indianapolis does not have the best transportation system and a bus ticket is \$4. We cannot transport guests all of te time to their various appointments.*

**b. What are the main challenges facing the mission?** *We are in the midst of a building campaign to triple the size of the women's center. We need more space and turn many away during the non-winter months because there just are not enough beds.*

**6. What would you say is the main issue facing the mission at this time that you would like to be addressed through the Doctoral Capstone Project?** *I am interested in the capstone project focusing on wellness from a wholistic perspective.*

## **Appendix B**

### **Occupation-Based Programming Binder Materials**

#### **Foreword**

The purpose of this doctoral capstone project was to address the occupational needs of individuals living at the Wheeler Mission Center for Women and Children in order to decrease occupational deprivation and increase overall wellness. The project aimed to target individuals specifically who have disabilities, both physical and mental, and better address their needs. The overall outcome of the project was to increase meaningful participation for those with disabilities within the Wheeler Mission CWC. As part of the doctoral capstone project, previously established programming was evaluated, and occupation-based programming and interventions were introduced. Programming was based on the Canadian Model of Occupational Performance, which focuses on the interplay between person, environment and occupation, and the effects these have on occupational performance.

This binder is comprised of materials used during the doctoral capstone project. Educational handouts, a goal setting worksheet, a modified interest checklist, a weekly schedule and program evaluation surveys, as well as suggested occupation-based topics for future classes, are included.

Scan this QR code for access to the full doctoral capstone report.

### **The Efficacy and Feasibility of Occupational Therapy Programming Focused on Health and Wellness within a Homeless Shelter**

Victoria Munson

Indiana University Department of Occupational Therapy





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## 1. Goal Setting Worksheet

## 2. Modified Interest Checklist

## 3. Weekly Schedule

## 4. List of Suggested Occupation-Based Topics

## 5. Program Surveys

## 6. Handouts (AVAILABLE UPON REQUEST\*)

- Improving Self Esteem
- Accepting Change
- Setting Boundaries
- Healthy Relationships
- Budgeting
- Paying off Debts
- Saving for Major Purchases
- Medication Management
- Home Management

## 7. References

## **Goal Planning, Modified Interest Checklist and Weekly Schedule**

The following worksheets have been developed to assist participants in setting SMART (Specific, Measurable, Achievable, Realistic and Timely) goals, identifying leisure activities they may be interested in and developing weekly schedules in anticipation of them transitioning to stable housing. Setting realistic, timely and client-centered goals helps to keep participants motivated and progressing through the program. The modified interest checklist allows participants to explore leisure activities, including activities they have not participated in before or ones they have not participated in recently, in order to maximize satisfaction in the occupational area of leisure. The weekly schedule allows participants to think about and plan for what a typical week may look like once they secure stable housing, as it will likely be different than a week living in the shelter. As many participants may struggle with finding things to occupy their time once housed, especially if they are not working, filling out a weekly schedule is a good way to visualize and plan for their days. The goal setting worksheet should be revisited throughout the program in order to track progress towards goals and make changes as needed. When participants secure housing and leave the program, they should be provided with these completed worksheets as a resource.

## Goal Setting Worksheet

Participant: \_\_\_\_\_

Date: \_\_\_\_\_

**1. Goal of Program:**

**2. Why is the goal important?**

**3. Is the goal:**

- Specific?
- Measurable?
- Achievable?
- Realistic?
- Timely?

**4. Steps Required to Achieve Goal:**

- 
- 
- 
- 
- 

**5. What potential barriers could keep you from achieving this goal? What will you do to overcome this?**

**Modified Interest Checklist**

| Activity                    | What has been your level of interest |      |    |                  |      |    | Do you currently participate in this activity? |    | Would you like to pursue this in the future? |    |
|-----------------------------|--------------------------------------|------|----|------------------|------|----|--|----|--|----|
|                             | In the past ten years                |      |    | In the past year |      |    | Yes  | No | Yes  | No |
|                             | Strong                               | Some | No | Strong           | Some | No |  |    |  |    |
| Gardening/ Yardwork         |                                      |      |    |                  |      |    |  |    |  |    |
| Sewing/needle work          |                                      |      |    |                  |      |    |  |    |  |    |
| Playing card                |                                      |      |    |                  |      |    |  |    |  |    |
| Learning a foreign language |                                      |      |    |                  |      |    |  |    |  |    |
| Church activities           |                                      |      |    |                  |      |    |  |    |  |    |
| Crocheting                  |                                      |      |    |                  |      |    |  |    |  |    |
| Walking                     |                                      |      |    |                  |      |    |  |    |  |    |
| Knitting                    |                                      |      |    |                  |      |    |  |    |  |    |
| Writing                     |                                      |      |    |                  |      |    |  |    |  |    |
| Painting                    |                                      |      |    |                  |      |    |  |    |  |    |
| Baking                      |                                      |      |    |                  |      |    |  |    |  |    |
| Watching sports             |                                      |      |    |                  |      |    |  |    |  |    |
| Listening to music          |                                      |      |    |                  |      |    |  |    |  |    |
| Puzzles                     |                                      |      |    |                  |      |    |  |    |  |    |
| Holiday Activities          |                                      |      |    |                  |      |    |  |    |  |    |
| Pets                        |                                      |      |    |                  |      |    |  |    |  |    |
| Movies                      |                                      |      |    |                  |      |    |  |    |  |    |
| Home decorating             |                                      |      |    |                  |      |    |  |    |  |    |
| Speeches/lectures           |                                      |      |    |                  |      |    |  |    |  |    |
| Swimming                    |                                      |      |    |                  |      |    |  |    |  |    |
| Exercise                    |                                      |      |    |                  |      |    |  |    |  |    |
| Visiting with friends       |                                      |      |    |                  |      |    |  |    |  |    |
| Photography                 |                                      |      |    |                  |      |    |  |    |  |    |
| Checkers/Chess              |                                      |      |    |                  |      |    |  |    |  |    |
| Barbecues                   |                                      |      |    |                  |      |    |  |    |  |    |
| Reading                     |                                      |      |    |                  |      |    |  |    |  |    |
| Traveling                   |                                      |      |    |                  |      |    |  |    |  |    |
| Parties                     |                                      |      |    |                  |      |    |  |    |  |    |
| Cooking                     |                                      |      |    |                  |      |    |  |    |  |    |
| Housecleaning               |                                      |      |    |                  |      |    |  |    |  |    |
| Social activities           |                                      |      |    |                  |      |    |  |    |  |    |
| Television                  |                                      |      |    |                  |      |    |  |    |  |    |
| Concerts                    |                                      |      |    |                  |      |    |  |    |  |    |
| Pottery                     |                                      |      |    |                  |      |    |  |    |  |    |

Adapted from Matsutsuyu. J. S. (1969). The Interest Checklist. *American Journal of Occupational Therapy*, 23, 323-328.

|          | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|----------|--------|---------|-----------|----------|--------|----------|--------|
| 7:00 AM  |        |         |           |          |        |          |        |
| 7:30 AM  |        |         |           |          |        |          |        |
| 8:00 AM  |        |         |           |          |        |          |        |
| 8:30 AM  |        |         |           |          |        |          |        |
| 9:00 AM  |        |         |           |          |        |          |        |
| 9:30 AM  |        |         |           |          |        |          |        |
| 10:00 AM |        |         |           |          |        |          |        |
| 10:30 AM |        |         |           |          |        |          |        |
| 11:00 AM |        |         |           |          |        |          |        |
| 11:30 AM |        |         |           |          |        |          |        |
| 12:00 PM |        |         |           |          |        |          |        |
| 12:30 PM |        |         |           |          |        |          |        |
| 1:00 PM  |        |         |           |          |        |          |        |
| 1:30 PM  |        |         |           |          |        |          |        |
| 2:00 PM  |        |         |           |          |        |          |        |
| 2:30 PM  |        |         |           |          |        |          |        |
| 3:00 PM  |        |         |           |          |        |          |        |
| 3:30 PM  |        |         |           |          |        |          |        |
| 4:00 PM  |        |         |           |          |        |          |        |
| 4:30 PM  |        |         |           |          |        |          |        |
| 5:00 PM  |        |         |           |          |        |          |        |
| 5:30 PM  |        |         |           |          |        |          |        |
| 6:00 PM  |        |         |           |          |        |          |        |
| 6:30 PM  |        |         |           |          |        |          |        |
| 7:00 PM  |        |         |           |          |        |          |        |
| 7:30 PM  |        |         |           |          |        |          |        |
| 8:00 PM  |        |         |           |          |        |          |        |
| 8:30 PM  |        |         |           |          |        |          |        |
| 9:00 PM  |        |         |           |          |        |          |        |
| 9:30 PM  |        |         |           |          |        |          |        |
| 10:00 PM |        |         |           |          |        |          |        |
| 10:30 PM |        |         |           |          |        |          |        |
| 11:00 PM |        |         |           |          |        |          |        |

## Suggested Occupation-Based Topics

1. Activities of Daily Living
  - a. Healthy Eating
  - b. Personal Hygiene
  - c. Functional Mobility
2. Instrumental Activities of Daily Living
  - a. Medication Management
  - b. Household Management
  - c. Community Mobility
  - d. Financial Management
  - e. Shopping on a Budget
3. Rest and Sleep
  - a. Healthy Sleep Hygiene
4. Leisure
  - a. Leisure Exploration and Participation
5. Social Participation
  - a. Community Engagement
  - b. Peep Support
  - c. Family Roles
6. Work
  - a. Employment Interest and Pursuits
  - b. Volunteer Exploration and Participation
7. Education
  - a. Obtaining Formal Education
  - b. Interest Exploration
8. Play
  - a. Play Exploration and Participation

## Foundations in Wellness Pre-Program Survey

**1. How would you rate your current health? (Circle one)**

|          |              |         |               |           |
|----------|--------------|---------|---------------|-----------|
| Very bad | Somewhat bad | Neutral | Somewhat good | Very good |
| 1        | 2            | 3       | 4             | 5         |

**2. What is your biggest concern regarding your health?**

**3. How satisfied are you with current wellness programming? (Circle one)**

|                  |                      |         |                    |                |
|------------------|----------------------|---------|--------------------|----------------|
| Very unsatisfied | Somewhat unsatisfied | Neutral | Somewhat satisfied | Very satisfied |
| 1                | 2                    | 3       | 4                  | 5              |

**4. What is your favorite part of the current program?**

**5. What is your least favorite part of the program?**

**6. What changes would you make to the current program?**

**7. What additional topics, if any, would you be interested in learning about?**

## Foundations in Wellness Post-Program Survey

### General Programming

**8. How would you rate your current health? (Circle one)**

|          |              |         |               |           |
|----------|--------------|---------|---------------|-----------|
| Very bad | Somewhat bad | Neutral | Somewhat good | Very good |
| 1        | 2            | 3       | 4             | 5         |

**9. How satisfied are you with current wellness programming? (Circle one)**

|                  |                      |         |                    |                |
|------------------|----------------------|---------|--------------------|----------------|
| Very unsatisfied | Somewhat unsatisfied | Neutral | Somewhat satisfied | Very satisfied |
| 1                | 2                    | 3       | 4                  | 5              |

**10. Do you feel that current programming meets your needs? (Circle one)**

Yes                  No

**If no, please explain:**

### Program Changes

**1. Are you satisfied with the changes that have been made to the program? (Circle one)**

Yes                  No

**2. What impact have the changes had on your desire to participate? (Circle one)**

|           |               |         |                 |                    |
|-----------|---------------|---------|-----------------|--------------------|
| No impact | Little impact | Neutral | Moderate impact | Significant impact |
| 1         | 2             | 3       | 4               | 5                  |

**3. What additional changes would you like to see?**

### Occupation-Based Programming



**1. Did you find the goal setting worksheet to be helpful? (Circle one)**

Yes                  No

**2. Did you find the interest checklist to be helpful? (Circle one)**

Yes                  No

**3. Did you find the weekly schedule to be helpful? (Circle one)**

Yes                  No

**If you answered NO to questions 1-3, please explain:**

**4. Did using the COPM (assessment rating satisfaction and participation) help you with setting goals for yourself?**

Yes                  No

**Additional Questions**

**1. How confident do you feel that you will be successful securing stable housing?**

Very unconfident    Somewhat unconfident    Neutral    Somewhat confident    Very confident  
1                                  2                                  3                                  4                                  5

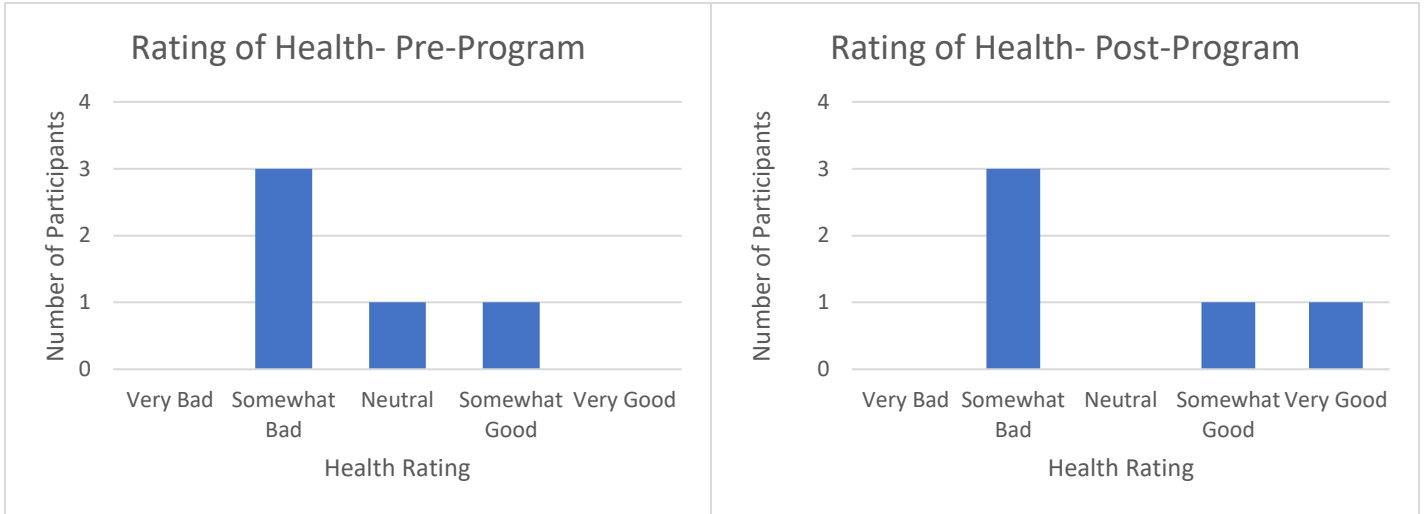
**2. Do you feel that this program has helped you grow as a person?**

Yes                  No

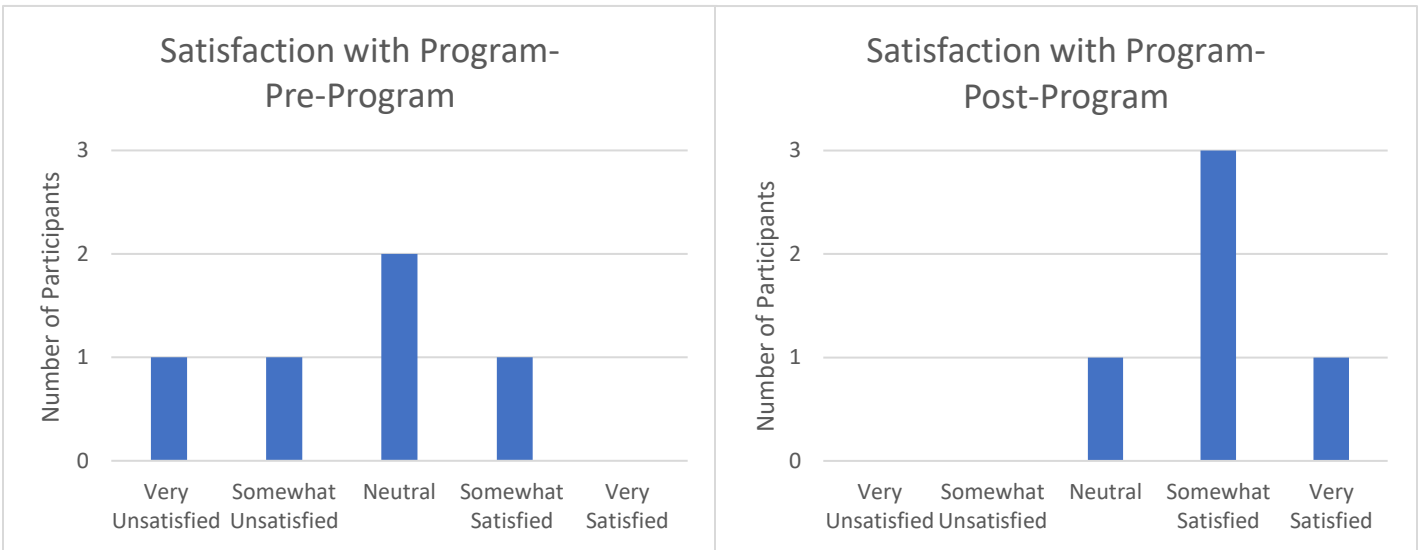
**Additional Comments:**

## Results of Pre-Program and Post-Program Surveys

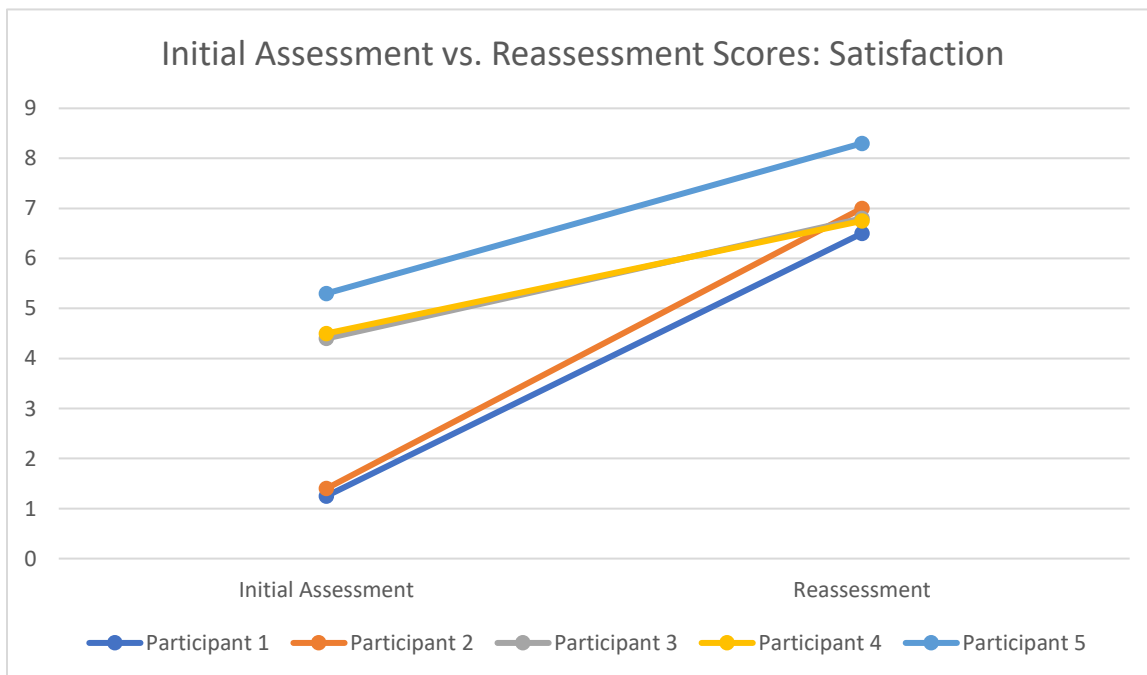
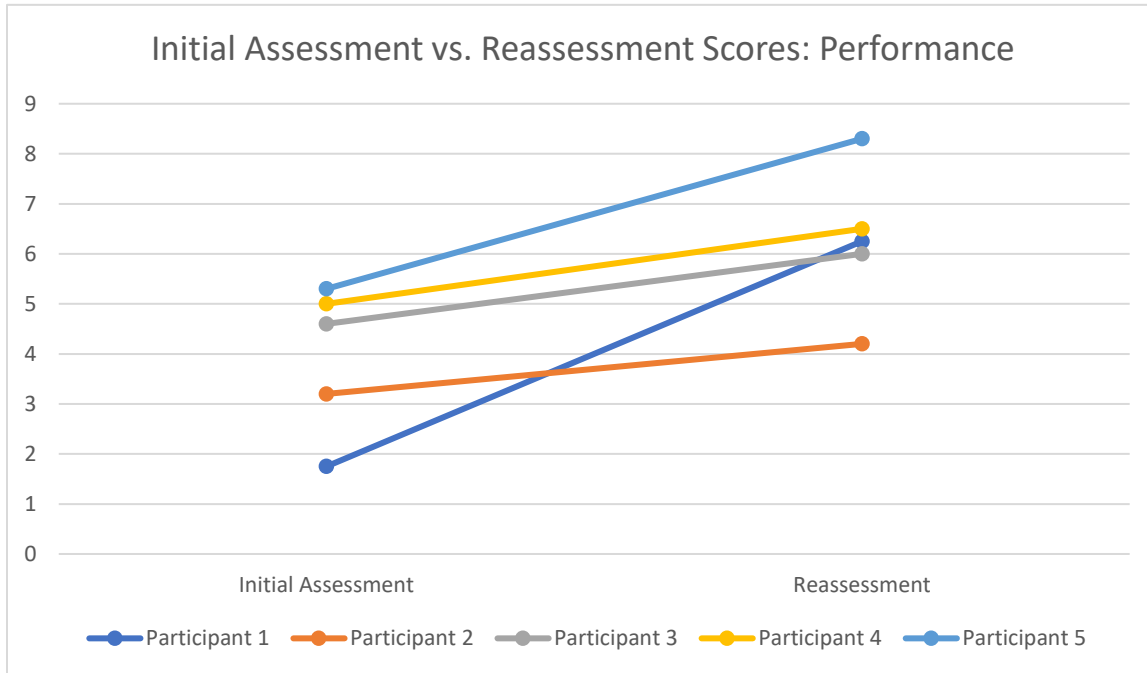
### Self-Perceived Rating of General Health



### Satisfaction with Current Programming



# Results of Canadian Occupational Performance Measure (COPM)



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\* PFD copies of all handouts are available upon request from author.