Developing Client Centered Goals for Homeless Families

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Objectives

▶ 1. Identify the diversity within the homeless population

▶ 2. Describe the unique needs of the various subgroups in homeless families including parents, teenagers, children, and families

▶ 3. Examine the interacting variables that compromise occupational performance for those who are homeless

▶ 4. Identify the role of occupational therapy for other groups within the homeless population by examining current evidence-based literature

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Why would OT work with Homeless Families?

▶ Ethical issues of access of care

▶ Beneficence: **Principle 1. Occupational therapy personnel shall demonstrate a concern for the well-being and safety of the recipients of their services.**

▶ Justice: **Principle 4. Occupational therapy personnel shall promote fairness and objectivity in the provision of occupational therapy services.**

> ▶ 2015 AOTA Code of Ethics

Issues faced by Homeless Families

- Disenfranchised from society and social norms in the United States
- High levels of stress and limited support systems
- Parents concerned about children's safety
- Risk of separation of children from parents

Definition of Homelessness

According to the Stewart B. McKinney Act, 42 U.S.C. § 11301, et seq. (1994), a person is considered homeless who: "lacks a fixed, regular, and adequate night-time residence; and... has a primary night time residency that is:

(A) A supervised publicly or privately operated shelter designed to provide temporary living accommodations...

(B) An institution that provides a temporary residence for individuals intended to be institutionalized, or

(C) A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings." The term "homeless individual" does not include any individual imprisoned or otherwise detained pursuant to an Act of Congress or a state law." *42 U.S.C. § 11302(c)*

Definition of Homeless Children

The education subtitle of the McKinney-Vento Act includes a more comprehensive definition of homelessness. This statute states that the term 'homeless child and youth'

(A) means individuals who lack a fixed, regular, and adequate nighttime residence... and

(B) includes: (i) children and youth who lack a fixed, regular, and adequate nighttime residence, and includes children and youth who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to lack of alternative adequate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement;

Definition of Homeless Children

▶ The education subtitle of the McKinney-Vento Act includes a more comprehensive definition of homelessness. This statute states that the term 'homeless child and youth'

- ▶ (ii) children and youth who have a primary nighttime residence that is a private or public place not designed for or ordinarily used as a regular sleeping accommodation for human beings… (iii) children and youth who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings, and (iv) migratory children…who qualify as homeless for the purposes of this subtitle because the children are living in circumstances described in clauses (i) through (iii). *McKinney-Vento Act sec. 725(2); 42 U.S.C. 11435(2).*

Who is Homeless Now?

▶ Demographics

- ▶ January 2015 point-in-time count found close to 600,000 people experiencing homelessness
- ▶ 63% were homeless single adults (close to 360,000 homeless single adults)
- ▶ 37% of the homeless were people in families (over 200,000 in close to 65,000 families at this point-in-time count)
- ▶ Changes over the past 20 years
  - ▶ Reduction in proportion of single adults and increase numbers of homeless families
  - ▶ Recent reductions in overall homelessness from 2011

Causes of Homelessness

▶ Personal Deficit Model:
  - ▶ Substance abuse
  - ▶ Family violence
  - ▶ Mental health problems
▶ External Factors:
  - ▶ Low paying jobs
  - ▶ Insufficient affordable housing
▶ Ecological Perspective:
  - ▶ Interaction between personal deficits and factors of society and culture

Ecological Perspective of Homelessness

▶ Four Principles:
  ▶ Adaptation
  ▶ Cycling of resources
  ▶ Interdependence
  ▶ Succession
    ▶ Toro, Trickett, Wall, & Salem, 1991

Adaptation

▶ Description: The interaction of social, cultural, political, and economic policies impacting on homelessness
▶ Example: Local concern over property values restricts the building of low-income housing in the area
▶ NIMBY: Not In My Back Yard

Cycling of Resources

▶ Description: Strengths and resources within the individual and community to address the issue of homelessness, includes both tangible and intangible resources
▶ Example: Area churches who provide clothing and food, occupational therapy students who provide community services

Interdependence

- Description: The effect homelessness has on the community and balancing resources between the individual and the community
- Example: The working poor are unable to find affordable housing and relocate to another geographic area leaving low-paying jobs unfilled

Succession

- Description: The historical and contextual understanding of homelessness
- Example: Deinstitutionalization of those who have mental health problems, the gentrification of urban areas

Pattern of homelessness

- Exits and returns to being homeless
- City "sweeps" to remove those who are homeless
- Living doubled-up
- Employment instability

Profile of homeless parents

▶ Most parents are single mothers, under the age of 30, with two to three children under the age of five
▶ Predominantly from minority groups
▶ Higher incidence of domestic violence than housed single mothers
▶ Fewer social support systems available for homeless mothers

Current research

▶ Services for homeless parents
  ▶ Parental roles of demandingness and responsiveness
  ▶ Parental authority
  ▶ Parenting skills for behavior management

Homeless Parents

▶ Demandingness and responsiveness
  ▶ Demandingness: the amount of control over child's behavior
  ▶ Responsiveness: the parental ability to address needs and actions of the child
    ▶ Hausman & Hammen
▶ Parental authority
  ▶ Shelter rules supersede parental authority
  ▶ "It's not so much the rules, it's just the way it makes you feel, that you're under somebody, and you're not really the parent"
    ▶ Schultz-Krohn
▶ Parental skills for behavior management
  ▶ Specific praise for endorsed behaviors supports child's self-esteem

Homeless Parents

▶ Services provided on individual and group basis to address the following:
  - ▶ Budgeting skills
  - ▶ Time management
  - ▶ Interviewing skills
  - ▶ Parenting skills particularly focused on positive reinforcement

Profile of homeless teenagers

- ▶ Often referred to as the "invisible homeless"
- ▶ Higher incidence of foster care placement
- ▶ Below grade level academically
- ▶ Most often male
- ▶ The longer period of time homeless, the lower the self-esteem and more external locus of control

Current research

▶ Services for homeless teenagers
  - ▶ Basic health knowledge
  - ▶ Decision making skills
  - ▶ Self-esteem

Homeless Teenagers

▶ Basic health knowledge
  ▶ Differences between 41 "street youth" (homeless) and 68 "systems youth" (foster care)
  ▶ Street youth had higher rates of substance abuse, high-risk sexual behavior, victimization, and exposure to violence
    ▶ Ensign & Santelli
  ▶ National survey revealed far greater substance abuse problems in homeless teens (3,000) compared to housed youth (20,000)
    ▶ Greene et al

Homeless Teenagers

▶ Decision making skills
  ▶ Interviews of 289 homeless youth
  ▶ Knew importance of use of condoms but did not use condoms for regular partners or for oral sex
    ▶ Wagner et al
▶ Self-esteem, depression, locus of control
  ▶ 50 homeless youth
  ▶ Differences in length of homelessness – homeless less than 3 months vs. over 6 months
  ▶ Longer period = lower self-esteem, greater levels of depression and externalized locus of control
    ▶ Saade & Winkelman

Homeless Teenagers

▶ Services provided on group and individual basis to address the following:
  ▶ Support responsible behavior as a "Junior Counselor"
  ▶ Decision making skills for personal interests and interests of others
  ▶ Adult connection for role development where behavior is shaped and supported

Profile of homeless children

- ▶ Less likely to be enrolled in school
- ▶ Higher incidence of learning disabilities and developmental delays
- ▶ Higher frequency of changes in school
- ▶ Greater levels of anxiety compared to housed peers
- ▶ Greater health problems

Current research

- ▶ Services for homeless children
  - ▶ Educational support
  - ▶ Depression
  - ▶ Developmental skills

Homeless Children

- ▶ Educational support
  - ▶ High incidence of learning disabilities but limited access to educational services
    - ▶ Zima et al
  - ▶ IDEA, federal education law for children with disabilities, now recognizes the unique needs of children who are homeless
  - ▶ High number of changes in schools where during a year a child may attend two or three different schools
    - ▶ Zima et al

Homeless Children

▶ Depression
- ▶ Compared to housed peers who are living in poverty, higher incidence of depression, anxiety, poor frustration tolerance in homeless children
    - ▶ Choi & Synder
    - ▶ Bassuk & Rosenberg

▶ Developmental skills
- ▶ Younger homeless children display greater developmental delays compared to housed peers
    - ▶ Rafferty & Shinn
- ▶ Frequent moves disrupt friendships
    - ▶ Zima et al

Homeless Children

▶ Services provided on group and individual basis to address the following:
- ▶ Developmental skills particularly social and cognitive
- ▶ Decision making skills – "Stop and think and make a good decision"
- ▶ Cooperative skills with peers

Profile of homeless families

- ▶ Most are female headed families
- ▶ Several episodes of living doubled-up or marginally housed
- ▶ The family structure may be compromised where children or teens assume more adult roles
- ▶ Family members may be separated to be housed in different settings

Current research

- Services for homeless families
  - Family structure
  - Family routines

Homeless Families

- Family structure
  - Lack of family roles with a disintegration of family integrity
    - Menke & Wagner
  - Lack of position in community
    - McMillan
- Family routines
  - Energy and effort to engage in routines
  - Shelter routines that conflict with previous family routines
    - Schultz-Krohn

Homeless Families

- Services provided on group and individual basis to address the following:
  - Game day
  - Family picnics
  - Affirming environment
    - "You seem to really want us to succeed"
    - "You make us feel good instead of like we don't know anything"

Why occupational therapy for homeless families?

- Occupational Justice
  - Enablement of fairness & equal opportunity
  - No discrimination based on ability, age, or other factors
  - Social commitment to universal design & accessibility
  - Enabling everyone to flourish individually and as members of a community
    - Townsend & Wilcock, 2004

Meaning of homelessness

- A home is not only a residence, often an expression of self
- Historical artifacts important to self
- Homelessness is more than a loss of a living space, often seen as a loss of personal "place" and loss of the environmental aspects of self
  - Rowles, 2009 (Willard & Spackman)
- Being homeless is also a disenfranchisement from the community
  - Schultz-Krohn, 2009 (Willard & Spackman)

Client centered focus of intervention
Law, Baptiste, & Mills, 1995

- What is it?
  - Initially discussed by Carl Rogers and then adopted by occupational therapy
    - Unconditional regard
    - Active listening
    - Attention to the therapist-client interactions
  - Evolved into the following as practiced in OT:
    - Client-therapist partnership
    - Rights of the client to make choices
    - Influence of the client's environment on their condition and treatment
    - Intervention at social and policy levels

Client centered focus of intervention
Law, Baptiste, & Mills, 1995

- Basic assumptions of client-centered practice
  - Clients and families are different, unique and know themselves best
  - Optimal outcomes occur when therapists work in partnership with clients
  - Information about function presented clearly will enable clients to make choices about services and outcomes
  - Optimal outcomes will occur when services consider the environment and roles that are important to each client

Client centered focus of intervention
Law, Baptiste, & Mills, 1995

- Important concepts of client-centered practice
  - Autonomy/choice
  - Partnership/responsibility
  - Enablement
  - Contextual congruence
  - Accessibility/flexibility
  - Respect for diversity

Client centered focus of intervention
Law, Baptiste, & Mills, 1995

- Autonomy/choice refers to the client's right to receive information to make decisions about their needs and the direction of treatment
- Partnership/responsibility refers to the client's role in defining treatment priorities. Includes client's vision, values, and environments and requires shared power

Client centered focus of intervention
Law, Baptiste, & Mills, 1995

▶ Enablement shifts focus from a deficit model to enabling the client to set goals and achieve those goals through a collaborative relationship
  ▶ Remediation goals – focused on improving/refining current skills
  ▶ Prevention goals – anticipating potential problems and planning for solutions
  ▶ Development goals – gaining new skills
  ▶ Intervention occurs by:
    ▶ Changing individual skills
    ▶ Changing the environment
    ▶ Changing occupations

Client centered focus of intervention
Law, Baptiste, & Mills, 1995

▶ Contextual congruence refers to individualized assessment and intervention based on the needs of the client within the context/environment
▶ Accessibility/flexibility addresses the needs to work with the client to meet his or her unique needs
▶ Respect for diversity requires the therapist to acknowledge potential differences in values and work towards resolution using an empathic approach

Advantages of client-centered practice
Law, Baptiste, & Mills, 1995

▶ Program designed to meet what client is most concerned about
▶ Increased participation in program
▶ Increased satisfaction of program

Challenges to Client-centered practice

- ▶ Who is the client?
  - ▶ Homeless parent
  - ▶ Homeless teen/child
  - ▶ Homeless shelter
- ▶ Conflicts between the role/responsibility of the OT and the client interests/priorities
  - ▶ Shelter concerned about the mother's ability to manage money and mother primarily concerned with relationship with boyfriend
- ▶ Client choices reflect risks or jeopardize safety

Focus of Occupational Therapy Services

Schultz-Krohn, 2009

Creating an affirming environment that validates skill development can support participation in occupations (Rebeiro, 2001)

Participation in occupation can buffer the negative effects of stress and loss (McColl, 2002)

Habit formation to foster occupational performance (Rogers, 2000)

How to begin client-centered practice in a shelter

- ▶ Intersection of shelter needs and occupational therapy services
- ▶ Use of client-centered assessment tools
  - ▶ OSA
  - ▶ COSA
- ▶ Support of overall shelter goals while respecting the client's values and priorities
  - ▶ Acknowledge client's current skills
  - ▶ Focus on expanding and building on current skills

Case presentation – mother living at a shelter

- ▶ Model of Human Occupation
  - ▶ Volition
    - ▶ Personal causation
    - ▶ Values
    - ▶ Interests
  - ▶ Habituation
    - ▶ Habits
    - ▶ Internalized roles
  - ▶ Performance Capacity
    - ▶ Objective components
    - ▶ Subjective experience

Case presentation - setting

- ▶ Shelter designed for homeless families
- ▶ Family defined as an adult caring for a child
- ▶ Families allowed to stay for three months
- ▶ Shelter provides three meals a day and each family assigned a small private room with a shared bathroom
- ▶ Programs are offered for parents on a weekly basis
- ▶ No ongoing occupational therapy services offered at the shelter
- ▶ Services have been provided for the past 18 summers with interns

Case presentation – Amy

- ▶ Amy, 36 year old, white, residing at a shelter with a partner
- ▶ Significant history of physical abuse during childhood from her mother and as an adult from a previous partner
- ▶ In foster care from the age of 14
- ▶ Completed 10th grade but dropped out of school in 11th grade when she became pregnant with her first child, also reported learning disabilities compromising her educational pursuits
  - ▶ Schultz-Krohn, Drnek, & Powell, 2006

Case presentation - Amy

- Six children, five are living, ages 17 months to 15 years old, current partner is father to two youngest children
- Has custody of her 17 month old
- Oldest child currently living with Amy's mother
- Trying to get custody of the six year old
- Whereabouts of other children unknown
  - Schultz-Krohn, Drnek, & Powell 2006

Case presentation - Amy

- Amy's Occupational Profile
  - Occupational Self Assessment
  - Amy had difficulties selecting and prioritizing goals
- Occupational goals
  - Work – she had an interview that day
  - Financial Management

Case presentation - Amy

- Plan
  - Use of Model of Human Occupation to guide intervention
  - Client-centered
  - Problem with Amy selecting and prioritizing goals
- Implementation
  - Immediate need to provide suggestions regarding communication skills for job interview
- Review
  - Need to further investigate role as a mother

Case presentation - Amy

- Evaluation
  - BDI-II significant depression
- Intervention
  - Systematic goal setting using task analysis
  - Anticipatory problem solving
  - Role as a mother for care and discipline of her child
  - Child had developmental delays and limited language skills

Case presentation - Amy

- Intervention
  - Volition
    - Significant difficulties prioritizing interests and valued occupations
  - Habituation
    - Conflict between internalized role of a parent and external environment
    - Habits of time management were impoverished
  - Performance Capacity
    - Objective skills to foster child development needed to be taught to Amy, directions simplified due to learning disabilities
    - Subjective experience of being a parent was negative

Case presentation - Amy

- Outcomes
  - Volition
    - Amy was able to prioritize goals and use strategies to reach her goals
    - Amy had a sense of success and effectiveness, she had moved into permanent housing
  - Habituation
    - Amy was able to employ time management skills but these skills were not habitual
  - Performance Capacity
    - Amy was able to care for her son and had applied to complete her GED
    - Amy had been hired for her "dream job" of being a cashier at a local store

Case presentation - Amy

▶ Outcomes
  ▶ Amy's comments:
  "The world has tried to push and shove me down but I'm coming up and saying 'Watch out world! Here I come!' "

Future plans

▶ How can occupational therapy can serve those who are homeless?
▶ Connections to services for those who are homeless
▶ Clear understanding of services currently offered
▶ Needs assessment to determine unmet needs
▶ Funding for services

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▶ 3. Examine the interacting variables that compromise occupational performance for those who are homeless
▶ 4. Identify the role of occupational therapy for other groups within the homeless population by examining current evidence-based literature

There's no place like home

Thank you!

Questions?

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Session 87: Developing Client Centered Goals for Homeless Families
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