



Occupational Therapy for Women At-Risk of Homelessness

Presentation by Kelcey Parker, OTD, OTR/L



About Me

- OTD from University of St. Augustine for Health Sciences (San Marcos, CA), B.A. in Psychology from Biola University (La Mirada, CA).
- Focus in doctorate capstone was to do research and support programming for women at-risk of homelessness at Community Mission of Hope (CMOH) in Temecula, CA.
 - Continued volunteering at CMOH post-graduation.
 - CMOH merged with Rancho Damacitas in 2022.
 - On staff after the merge of CMOH with Rancho Damacitas.
- Adjunct Professor in Psychology at Biola University, Consultant for Biola University's Occupational Therapy Department, Occupational Therapist for Rancho Damacitas/Community Mission of Hope and Program Director for SeniorCare, and Early Intervention Occupational Therapist.



RANCHO DAMACITAS
COMMUNITY MISSION OF HOPE



My Role with Women At-Risk of Homelessness

- Review new applications, and sit with staff on interviews for candidates for program.
- Develop wellness and health policies for the program.
- Assist with general program development.
- Create curriculum for wellness and leadership classes.
- Initiate evaluation, treatment, and discharge for clients in occupational therapy 1:1 sessions as indicated by assessments/reassessments.
- General screening of children and collaboration with parents on strategies to support their kids (whole-family, parent-led approach).
- Teach wellness and leadership classes.
- Connect with community to promote advocacy and share/learn about resources.

History of Community Mission of Hope

- CMOH is a food and resource distribution center in Temecula, CA. The goal is to provide not only temporary solutions through providing food, but to sustainability connect clients to long-term housing, job, and educational resources (Community Mission of Hope, n.d.).
- Began as a partnership with both Orange County Rescue Mission and Rancho Community Church to assist with individuals and families experiencing financial or food shortages during 2009 recession (Community Mission of Hope, n.d.). In 2013, CMOH became an independent organization.
- In 2022, CMOH provided:
 - 800,000 pounds of food distributed
 - 22,000 individuals served
 - 14,000 volunteer hours
 - 720 Client Advocate 1:1 meetings
 - 288 hours of classes and workshops
 - 267 new clients signed up for food
 - 139 Senior well check visits
 - 41 individuals housed through one of our programs

History of Rancho Damacitas

- Rancho Damacitas began by Thessalonika Family Services in Temecula, CA in 1983 as a foster home for kids who experienced abuse and neglect (Rancho Damacitas, n.d.).
- In 1988, this home expanded into the large property we are at today, and in 1990 began offering spaces for boys and girls between 6-18 years of age (Rancho Damacitas, n.d.).
- In 2017, Rancho Damacitas transformed its vision to helping families stay together, and now is a home for single mothers at-risk of homelessness with children between 6 months of age to 8 years of age. This has now been termed “Empowerment Village,” to encourage single moms with dignity, resources, and wraparound care for 2 years that they live on campus with their children.
- Women take wellness and parenting classes year-round, and also have the opportunity to have diverse workshops (credit repair, career support, automotive repairs, etc.) along with fun workshops (such as family field trips to local parks, museums, etc.).
- 6 family-style cottages (each being able to hold 2-3 families per house) on several acres of property (Rancho Damacitas, n.d.).

Merged Vision

- January 27th, 2022, Community Mission of Hope and Rancho Damacitas merged as one organization (Community Mission of Hope, n.d.).
- Goal: To provide unity across organizations, increase domain of support, and align with same vision of empowering individuals and families in our community.
- Building up both organizations to collectively prevent/reduce risk of homelessness or to house families who have been without homes.







Activity to Kick-Off Topic: Discuss Together

- What are some stereotypes that might exist for individuals who at-risk of homelessness?
- How would you define “at risk of homelessness”? Is income the only qualifier?
- How might existing stigmas inhibit access to physical and mental healthcare?

Reviewing Terminology

- Homelessness can be defined as a situation where someone does not have permanent housing that they can live at (Christian & Howson, 2019).
- At-risk of homelessness can be defined as a situation where someone lives at or below the poverty line, and can lose their housing as a result of this (Finley, 2018).
- These terms often focus on financial difficulties, but there are a multitude of factors that can result in homelessness or put someone at-risk for homelessness.
 - Some factors can include, but are not exclusive to, domestic violence, family loss, physical or mental disabilities, etc.
 - Defining at-risk of homelessness can be difficult to define solely based on finances, since the poverty line can shift depending on the time period as well as by region.

Statistics Surrounding At-Risk of Homelessness

- 151,278 individuals were homeless in California in 2019 (National Alliance to End Homelessness, 2020).
- 40% of adults who are without housing are women (National Alliance to End Homelessness, 2020).
- Based on these statistics, we can imagine how mental health, positive occupational participation and inclusion, and social support might be important for preventing homelessness for women.

Models of Practice

- Occupational Justice Framework demonstrates how people have the right to occupational participation in activities of importance to them (Durocher et al., 2014).
 - Often, individuals who are at-risk of homelessness may be unable to participate in meaningful activities due to the lack of finances or time if they are working longer hours to make ends meet.

Models of Practice (Continued)

- The KAWA Model demonstrates how the metaphors surrounding one's life can provide symbolism, meaning, and insight into different events, relationships, barriers, and successes (Richardson et al., 2010).
 - This can be helpful for understanding the story of a woman at-risk of homelessness to identify her individual needs, goals, and different barriers that she has or will overcome.

Models of Practice (Continued)

- The Social Stress Framework demonstrates how increased stress placed on society through expectations can result in difficulty with everyday meaningful roles and occupations (Huey et al., 2014).
 - Individuals at-risk of homelessness may have difficulty with stress due to different circumstances that can lead to self-injurious behaviors, so understanding stress responses and triggers can help identify different social and societal inclusion needs women may have.

Interviews

- Women receive an invitation for application after going through phone screening process
- Qualification is not income-dependent, but rather the life narrative of women (shared to the level of their comfortability) are welcomed in their application.
- Information in the interview and application remains confidential within staff.
- Other factors (such lack of job skill support and education advancement, relationship safety, family support, etc.) are taken into consideration.
- Shared housing with other families, and is an unlocked/open campus (so it is not safe for someone escaping current domestic violence).

Assessments

- Canadian Occupational Profile Measure (Baptiste et al., 2014).
 - This is valuable because it not only provides insight into occupational interests and productivity, but satisfaction in these everyday tasks as well.
- American Occupational Therapy Association Occupational Profile (AOTA, 2020).
 - Comprehensive review of different occupations that are important to the individual, and occupations that they are currently unable to explore.
- Questionnaires are developed for our site at Rancho Damacitas to provide insight on community-based, social, and familial goals.
- KAWA (Paxson et al., 2012).
 - KAWA Model is used as an assessment tool for understanding the life narrative that someone undergoes and experiences, and factors of resilience that have brought them through this journey in life.

1:1 Sessions

- After assessment completion, work towards implementing individualized occupational therapy treatment sessions.
- Sessions can include goal-setting, collaboration with client, then identifying what are ways we can work towards these goals.
- Goal setting and collaboration is vitally important for creating work that is meaningful, supportive, and works towards the goals that the client has rather than imposing goals on them that are arbitrary or lack meaningfulness .

1:1 Sessions (Continued)

- KAWA Model of Practice can be used during intervention to identify needs, barriers, and how they want to continue their journey and path in life (thus building goals from this aspiration) (Paxson et al., 2012).
- Completing activities that are meaningful together, such as a craft, gardening activity, resume building, etc. can all be helpful in working towards these goals.
- Not one session looks the same, but every session is as meaningful as possible to maximize client's potential.

Wellness classes

- Wellness classes cover a variety of topics, and begin with women discussing together what wellness means to them.
- Not one class looks the same because of the diversity in discussions, but a wellness manual is provided for resources, information, and an outline of what will be covered.
- Domains covered include:
 - Social wellness
 - Emotional wellness
 - Mental wellness
 - Familial and parenting wellness
 - Spiritual wellness
 - Community wellness
 - Physical wellness
- Weekly classes designated to cover one topic at a time, alternating between wellness (my focus), parenting, financial (credit repair, taxes, etc.), or other types of workshops.
- Wellness classes are a required piece of the program, and involve group discussion, rapport building, and communal growth.

Wellness classes (Continued)

- Topics in wellness are not only taught through dialogue, but are also taught through occupational participation. Examples of this include:
 - Yoga done together for mindfulness and physical health series.
 - Making essential oil bracelets together to support leisure pursuit while teaching deep breathing to promote mental wellness.
 - Making mini gardens together with roommates for leisure and social participation.
 - Group hikes/walks to encourage participation in the community and in nature.
 - Mindfulness series to equip women with different techniques that can enhance their occupational performance in work, parenting, and other areas of life while feeling grounded and managing stress.

Wellness Strategies for Kids

- Kids are taught wellness strategies along with their moms, and moms are encouraged to be the facilitators/teachers of these strategies. Some examples include:
 - Kid yoga videos they can do with mom
 - Practicing breathing techniques together with mom
 - Going on nature walks and community-based activities with mom (pumpkin patch farm during the fall, splash pad during summer, etc.)
 - Collaborative family activities together, such as crafts, to promote bonding, repair relationships, and allow for stress reduction through play
- Women have classes separate from their kids, but then are able to collaborate with their kids at the end of the class to teach strategies before we end the evening session.

Leadership classes

- Women also take a 5 week leadership class, to teach and collaborate on how they can be leaders in their communities and workplaces.
- Many women have the opportunity to experience increases in their job roles, have become leaders and volunteers at their local churches and their kids' schools, and some of them are involved in a single mom's ministry that they collaborate and lead in as well.
- Encouraging these women that they are incredible leaders is important, particularly as they get closer to the time of leaving the program.
- Some women are invited to be Resident Advocates, and live in the home with the other women for an additional year to be a leader and encourager for the new women entering the program.

Discharge Planning

- Throughout the program timeline (2 years) at Rancho Damacitas, women meet weekly with our Client Advocate who assists with housing resources and community information.
- My role is to help with the underlying cognitive and motivational processes, and to support women with decision-making regarding housing decisions, financial stressors and planning, and vocational support.
- Discharge planning is a continuous process over the 2 years of stay, but a more formalized plan for community resources (therapy, community-based groups, etc.) is implemented towards the last 6 months of their stay.

Staff Meetings

- Weekly meetings are held to discuss concerns, supports, and facets of programming that will best serve the families staying at Rancho Damacitas.
- Reviewing current applications, and scheduling interviews.
- Leaning into people-first language, discussing empowering ways to talk with the women and children, and staff education topics are presented (internally or by guest speakers).

Education for Students

- Many college students are looking for volunteer opportunities, and offering office administration volunteer work, helping with childcare, or adding different activity ideas to weekly classes have diverse benefits.
- Connecting with resource sites to ask about volunteer opportunities, and connecting college students to these opportunities, can inspire the next generation to understand the vast needs of individuals at-risk or who are homeless.
- Students who are in training for healthcare degrees (occupational therapy, nursing, etc.) can participate in projects and teach a workshop/create PDFs or handouts (free resources that also offer education and hands-on training for students).

Mentorship

- Currently, we are seeking to build rapport with our small staff with new women entering remodeled houses this month, so our site has been closed to students at this time.
- In the future, offering fieldwork opportunities can provide students with critical thinking skills, and can inspire them to work at community-based centers as a staff member or a volunteer in the future.
- Doctorate students in occupational therapy need experience with collaborating and connecting with a mentor, so guiding students at different sites can be valuable for their experience and professional development.

Call to Action

- Think through ways that occupational therapists can volunteer or work with women at-risk of homelessness or experiencing homelessness.
- Most shelters or community residences do not have wellness workshops, and even volunteering or creating a monthly (or yearly) workshop could be instrumental for facilitating wellness, leadership, parenting, or life skills for women. There is power and potential in volunteering, even if there are time restrictions with volunteering more regularly.
- As occupational therapists, we are equipped with diverse skills, and we can also look into continuing education as we understand population needs for individuals who are homeless or at-risk of homelessness.

Call to Action (Continued)

- Occupational therapists do not need to be in-person for volunteering, but can create handout materials for clients at these organizations, manuals for occupational therapy classes, or can offer remote/in-person workshops and education for staff as needed.
- OTs can also look into what programmatic needs are present, and how to fill these needs. Using our education as a toolkit can be helpful for developing policies, classes, individual sessions, or other occupational therapy work for individuals who are homeless or at-risk of homelessness.
- We can additionally be advocates for individuals who may not be able to financially access therapeutic resources, and can be proponents in legislation, policies, and funding for individuals at-risk of homelessness or who are homeless.

Imagine

- Imagine what a world might look like with adequate resources that include pragmatic needs (food, shelter, water) and deeper, universal needs (mental health support, advocacy, community, social inclusion).
- How can we work towards this better, more inclusive world as we turn towards our communities, and seek to offer a piece of our training and background to enrich the lives of others?
- We all have unique assets and gifts, and we can use these to volunteer or work with non-profits on small and large scales, while knowing that any piece of our work and efforts are valuable as we seek to collectively change and inspire this world as occupational therapists.

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