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Exploring Occupational Therapy's Role with Unhoused Individuals in a Community-Based Setting: An Emerging Practice Area

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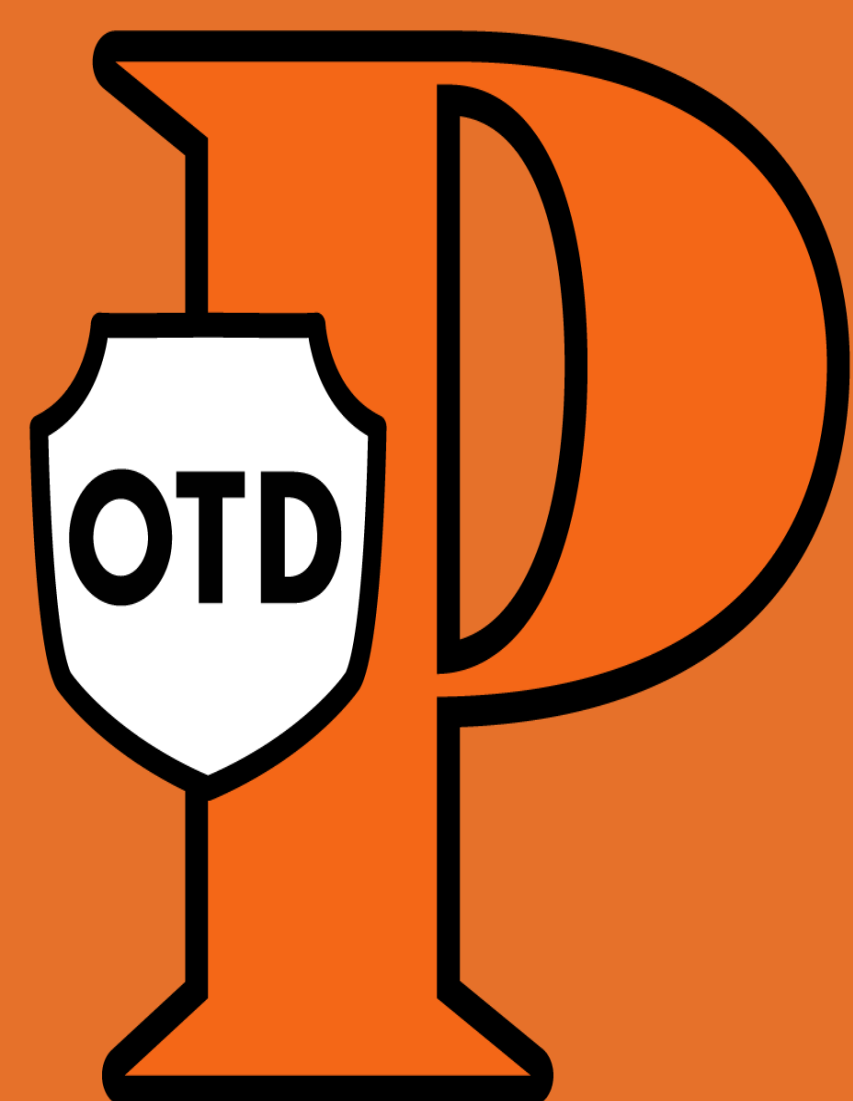
Exploring Occupational Therapy's Role with Unhoused Individuals in a Community-Based Setting: An Emerging Practice Area

Presented By | **McKayla Wallace McCarthy, OTD/S**

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OTD Capstone Presentation | **July 31, 2024**

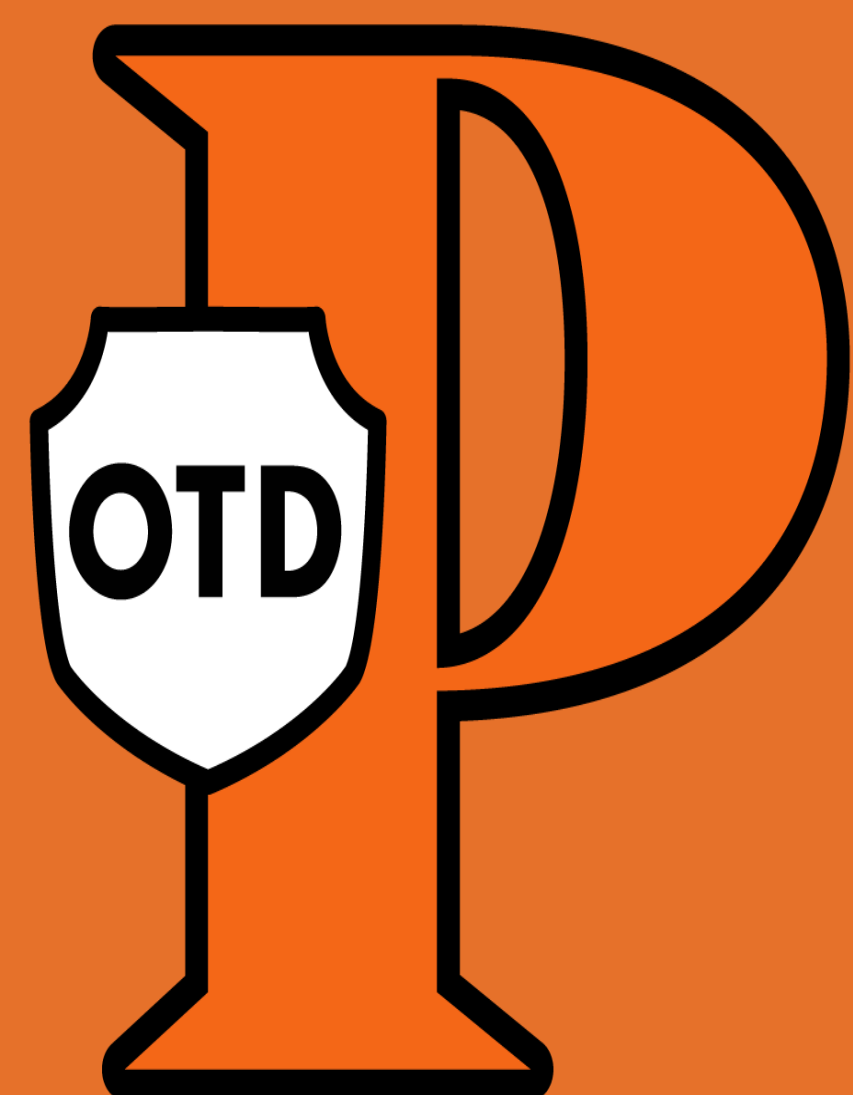


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Background of Population

- **A marginalized group, community, or population is a collection of individuals who face societal exclusion**
 - Persons Experiencing Homelessness (PEH) / Unhoused Individuals
- **Over 653K unhoused individuals on any given night in the US**
- **Can face occupational injustices → occupational deprivation & marginalization**
 - May face isolation, decreased social connectedness, and challenging community reintegration
 - May have difficulty participating in the occupations they want to, need to, and are expected to do
 - Health disparities
 - Limited functional, health, or living skills leads can lead to problems in occupational performance

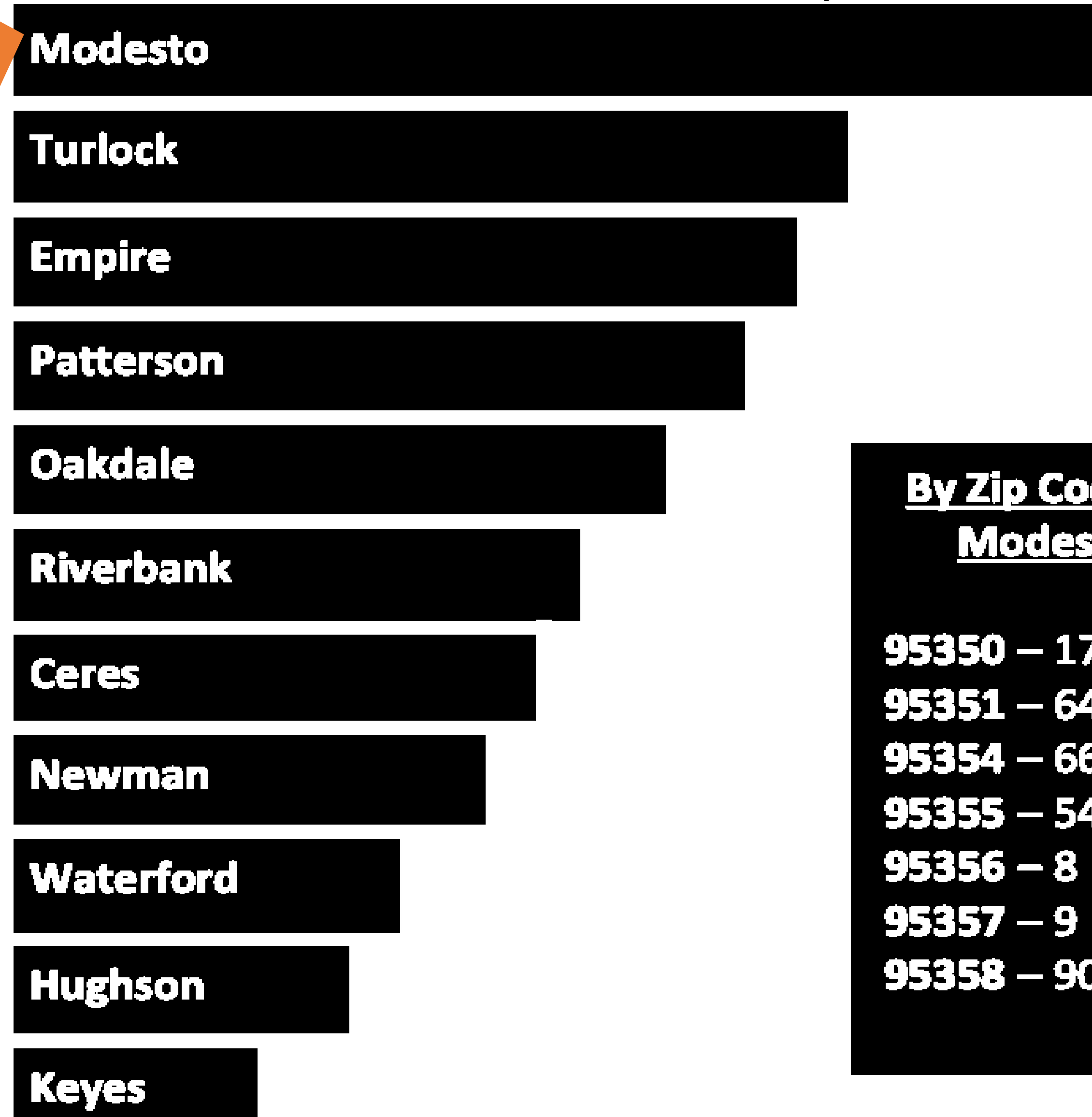
(Department of Housing and Urban Development, 2023; Forchuk et al., 2015; Grajo et al., 2020; Gutman, 2021; Greech & Raeburn, 2021; Hewett et al., 2012; Lynch & Lachman, 2020; Moore et al., 2007; Stubbs et al., 2019; Tyminski & Gonzalez, 2019; Wei et al., 2019)



Background of Site

- Provides “refuge, recovery, and restoration” to PEH in Modesto, California.

Sheltered/Unsheltered Population by City



By Zip Code in Modesto

95350 – 172
95351 – 643
95354 – 666
95355 – 54
95356 – 8
95357 – 9
95358 – 90

General Services include:

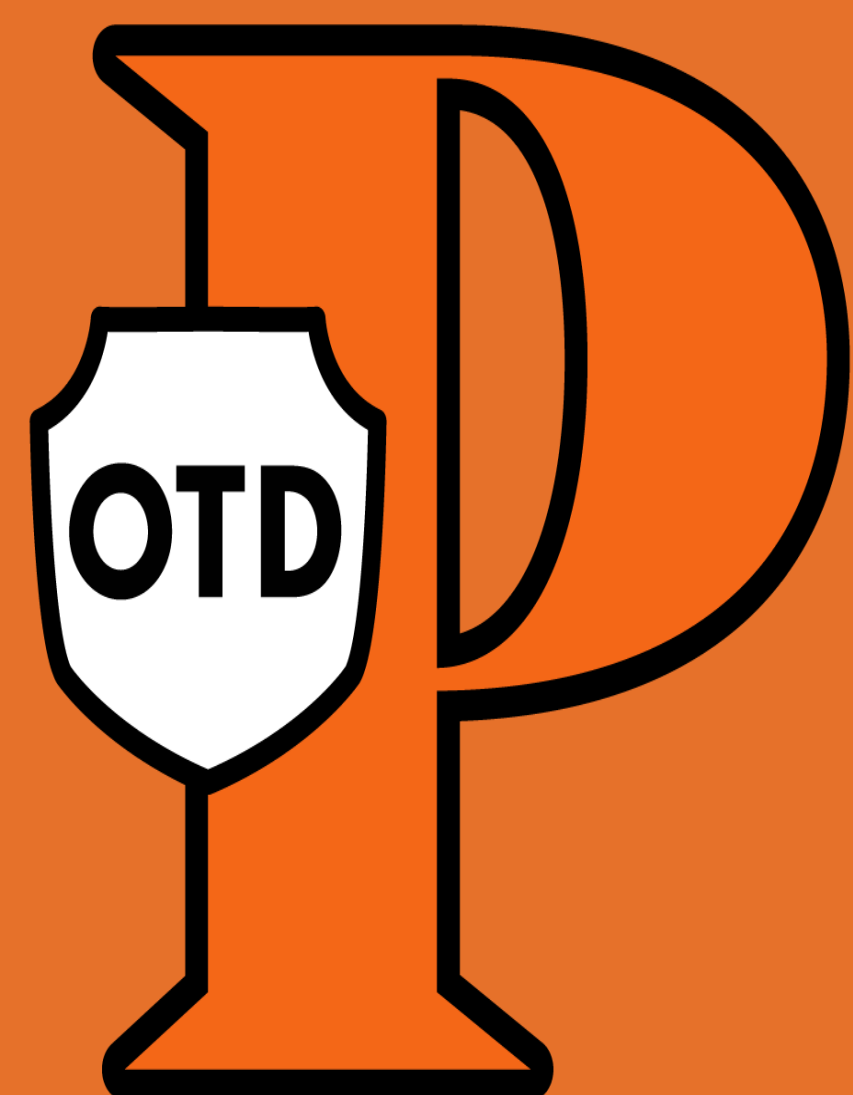
- Meal service
- Guest shelter service
- Youth center
- Grooming hygiene/ showering / laundry
- Hygiene kits and clothes
- Case management assistance with obtaining identification vouchers, birth certificates, SS cards, documents, job resources, and housing referrals
- Community safe space

New Life Program (NLP)

- Life skills → recovery (AA/NA), addiction studies, anger management, money management, coping skills, effective communication, decision-making, etc.

Medical Assistance

- Medical respite / recuperative care program
- Volunteer medical clinic

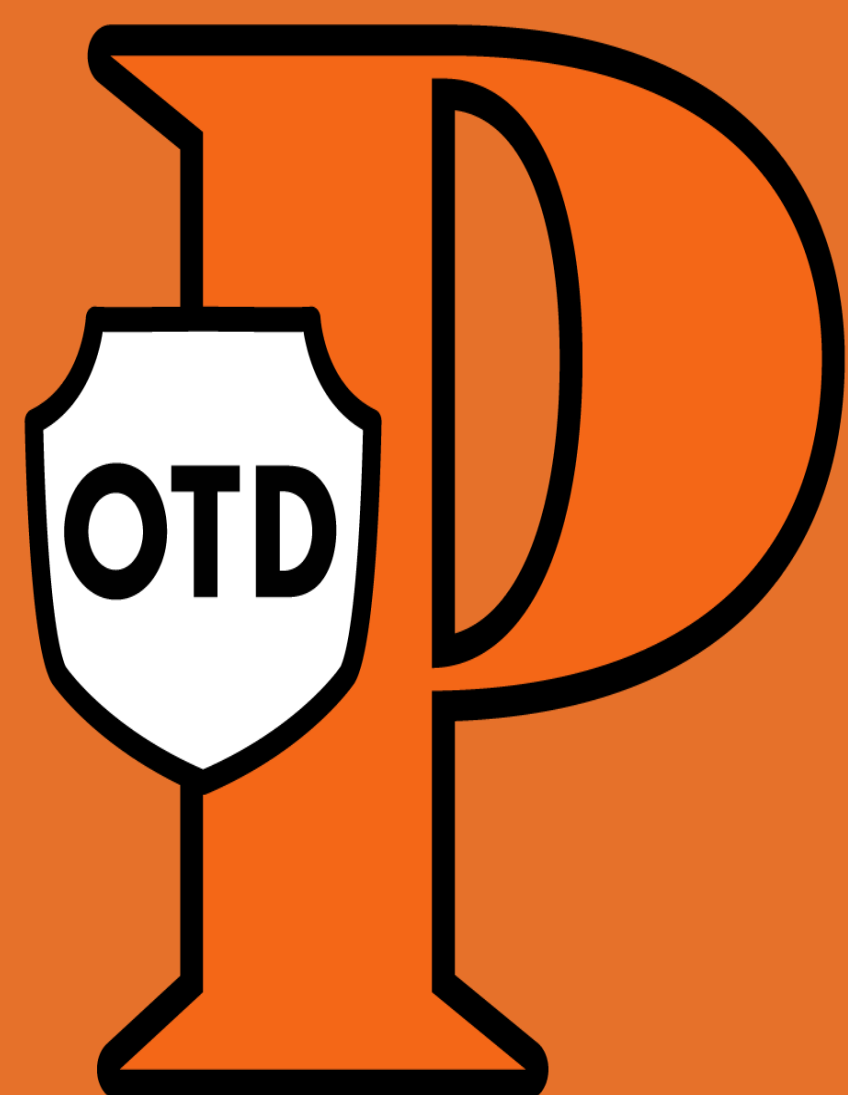


Program Purpose

- 
- Understand OT's role with unhoused individuals in a community-based shelter setting & determine OT's distinct value in this non-traditional community setting

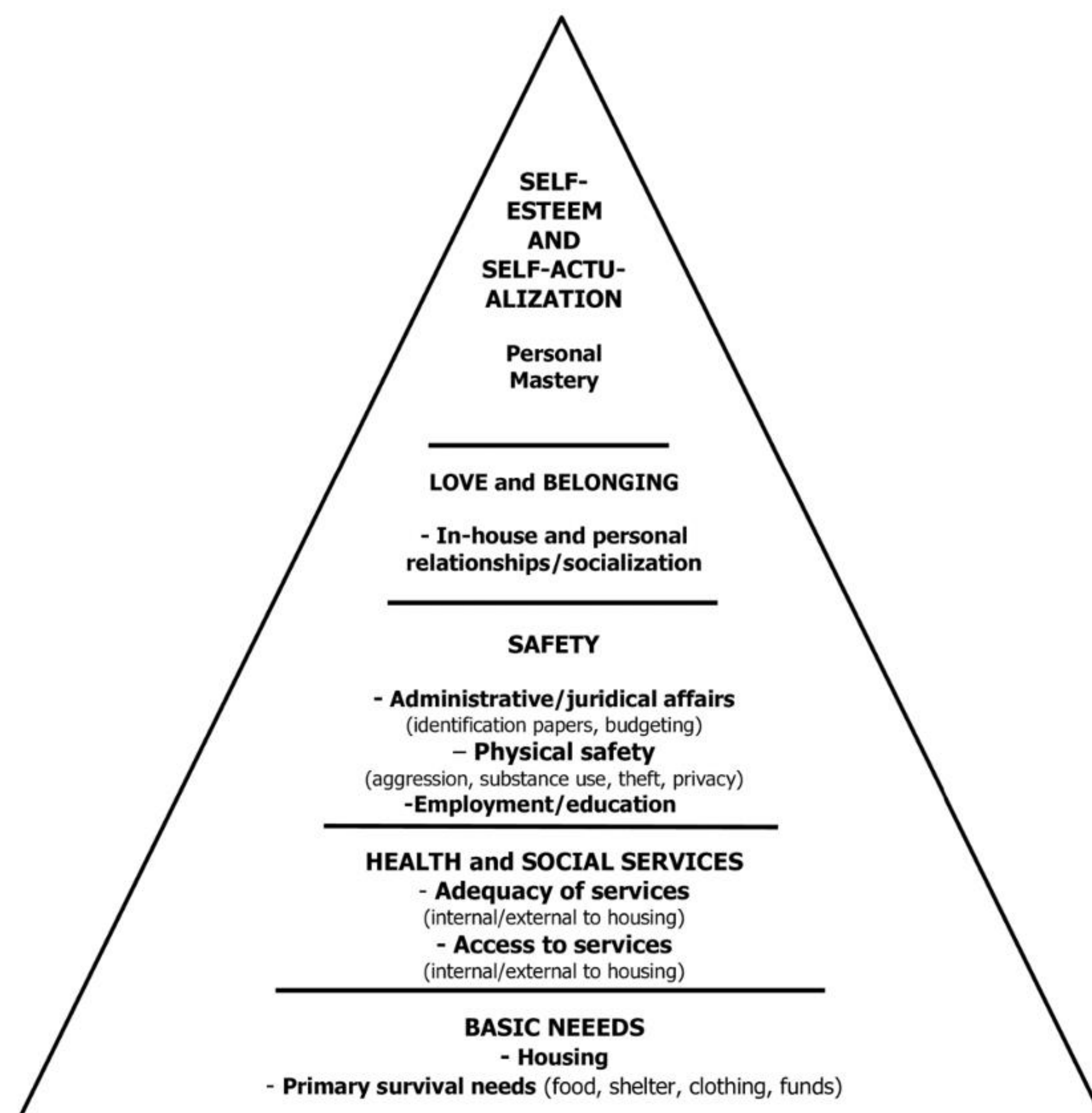
- 
- Provide support and develop tailored resources to key community members in hopes of improving unhoused members' biopsychosocial health and wellness

- 
- Determine the barriers in the discharge planning process, community care coordination, and transition back into the community for unhoused individuals & provide potential solutions utilizing evidence-based research

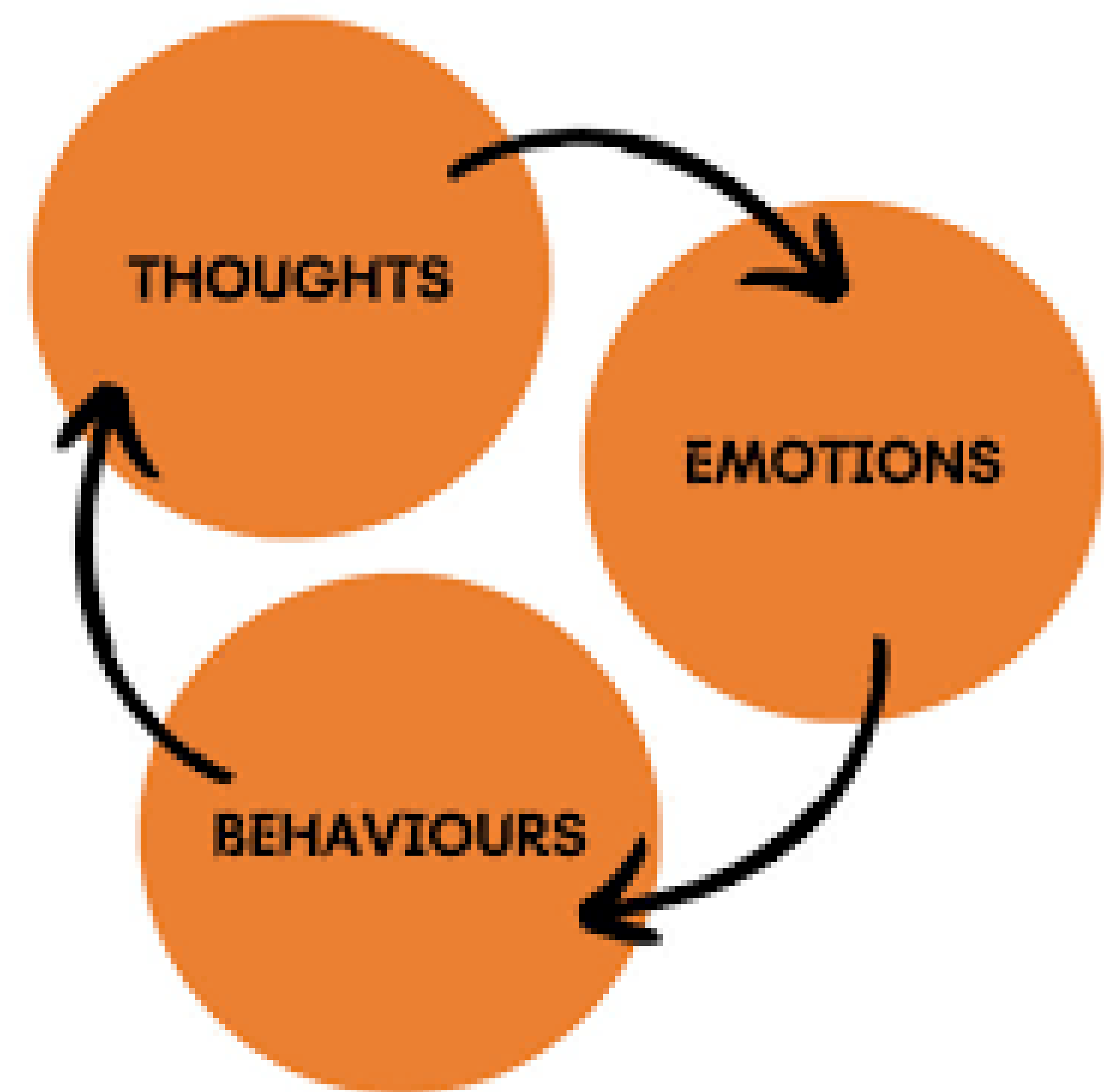


Guiding Theory

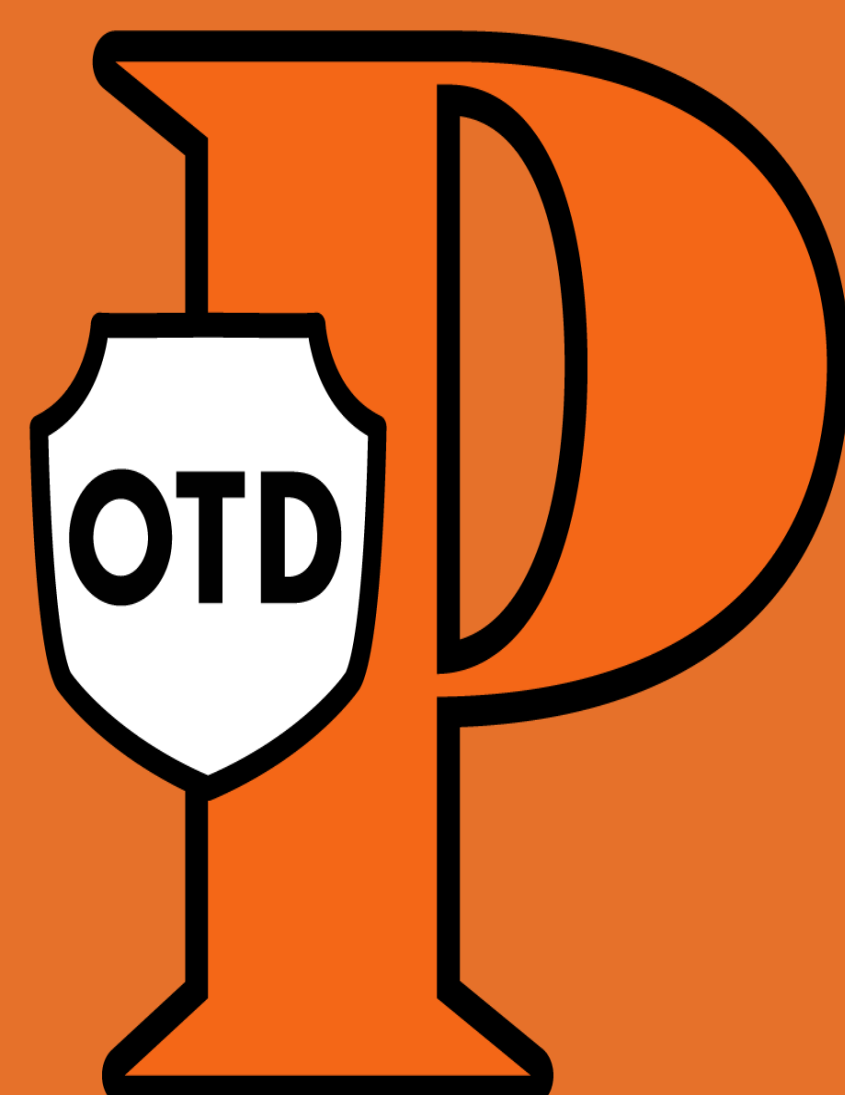
Maslow's Adapted Hierarchy of Needs



Cognitive Behavioral Frame of Reference



Duncan, 2011; Fleury et al., 2021)

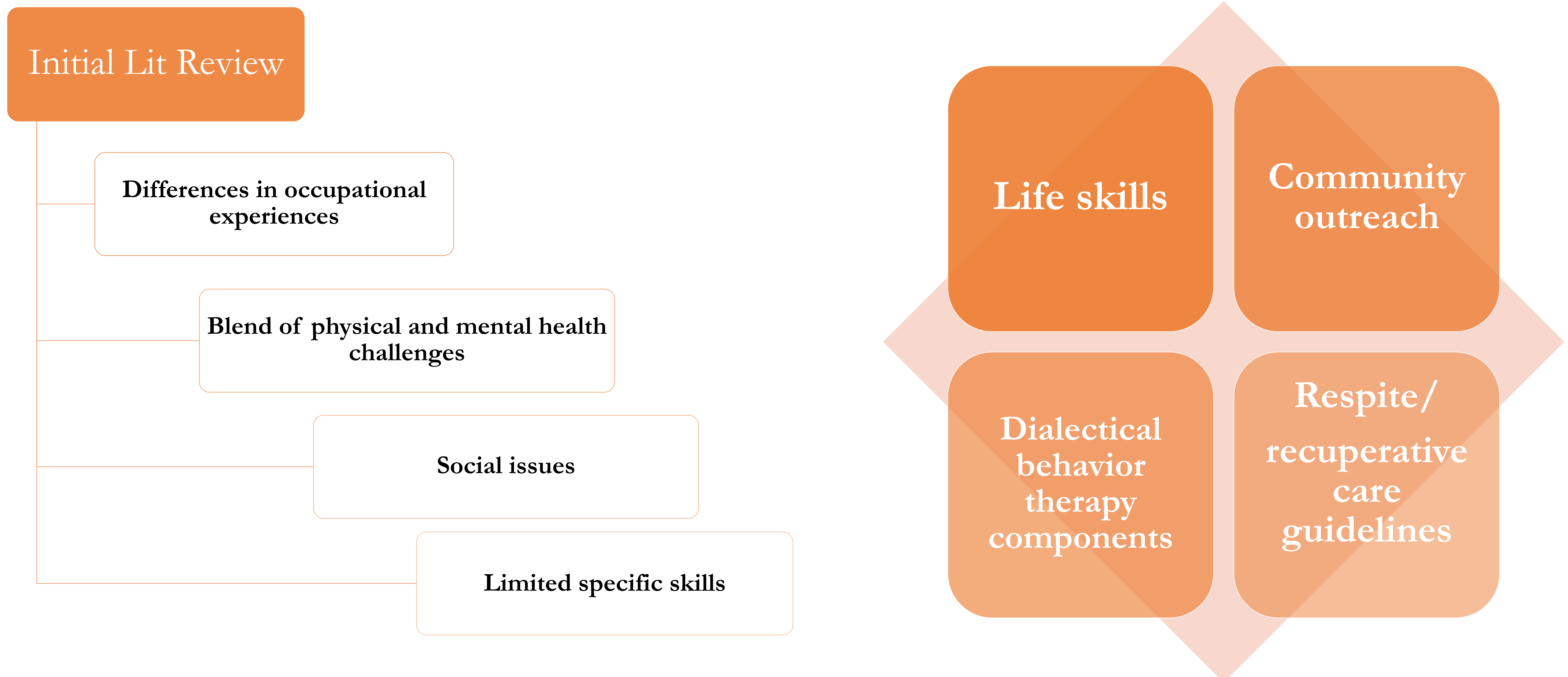


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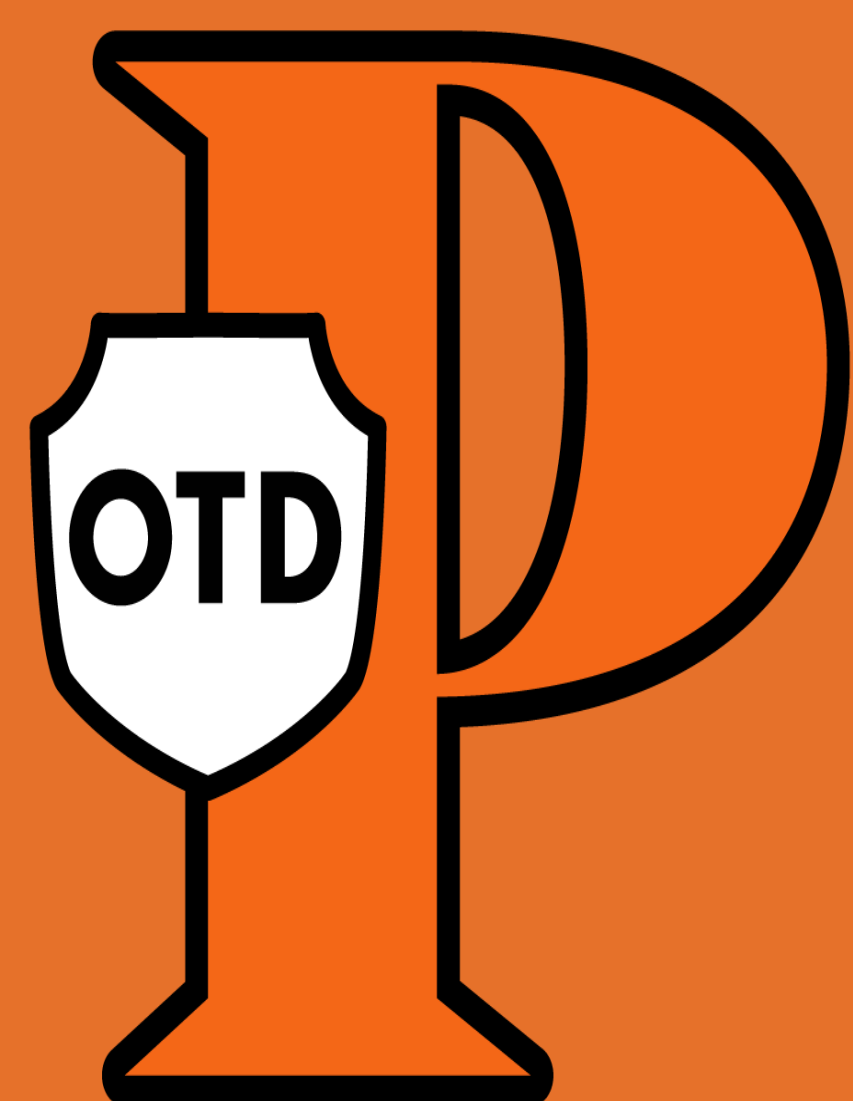
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Lit Review & Needs Assessment



(Cunningham & Slade, 2019; Forchuk et al., 2015; Gupta, 2016; Gutman, 2021; Lambdin-Pattavina et al., 2017; Lynch & Lachman, 2020; Schultz-Krohn et al., 2019; Semmelhack et al., 2019; Raphael-Greenfield & Gutman, 2018; Wei et al., 2019)



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Lit Review & Needs Assessment

Lit Review in Manuscript

Inappropriate discharge planning & coordination, lack of discharge options, subpar communication between agencies, and systemic pressures

Multifaceted health problems

Stigma

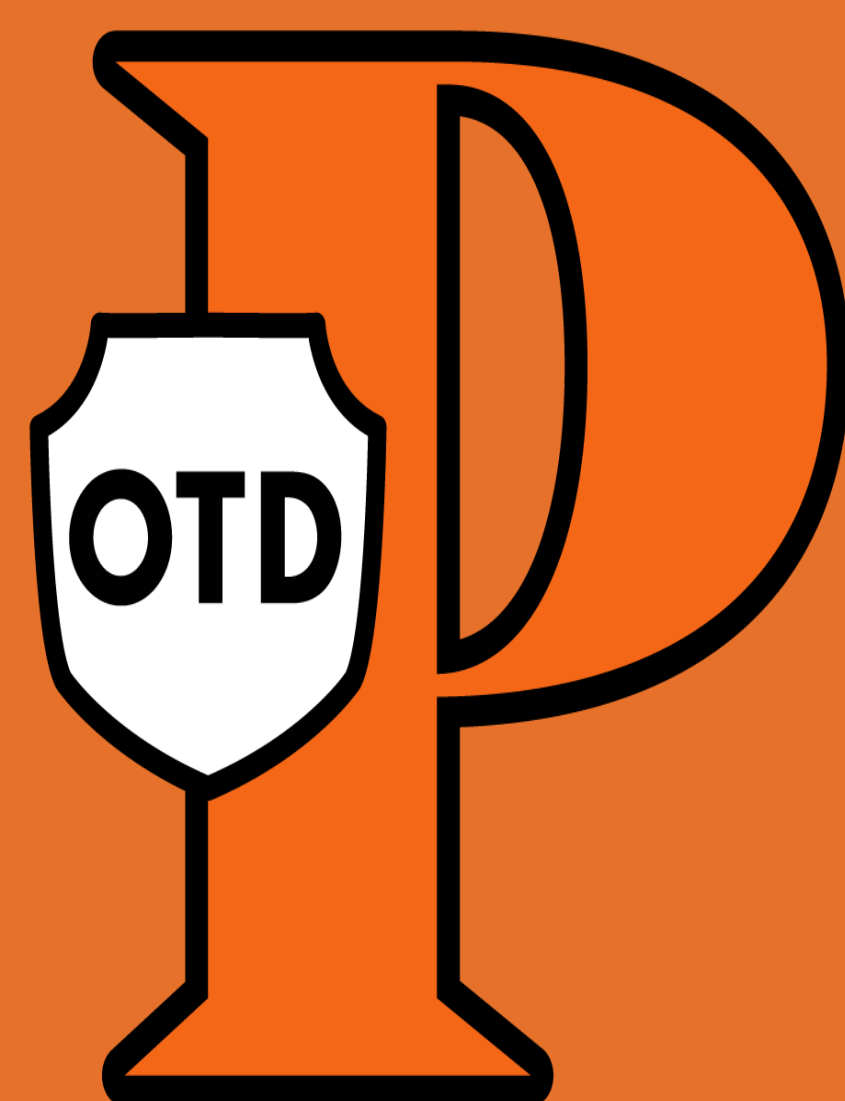
Pre-surveys with nurses (RNs) & Semi-structured interview with respite/recuperative care manager

**Lack of safe housing, transportation, and follow-up care
RN's lack of knowledge of available community resources or safe discharges**

Inappropriate discharges based on level of care / DME needs & inadequate communication between community agencies

Behavioral challenges, stigma, and decreased volition and autonomy

(Canham et al., 2019; Cornes et al., 2021; Grech, 2021; Grech & Raeburn, 2018; Hewtt & Boyce, 2012; Jenkinson et al., 2020; Kitson et al., 2013; McCormack et al., 2022; Miyawaki et al., 2020; Moore et al., 2012; Walton et al., 2024)



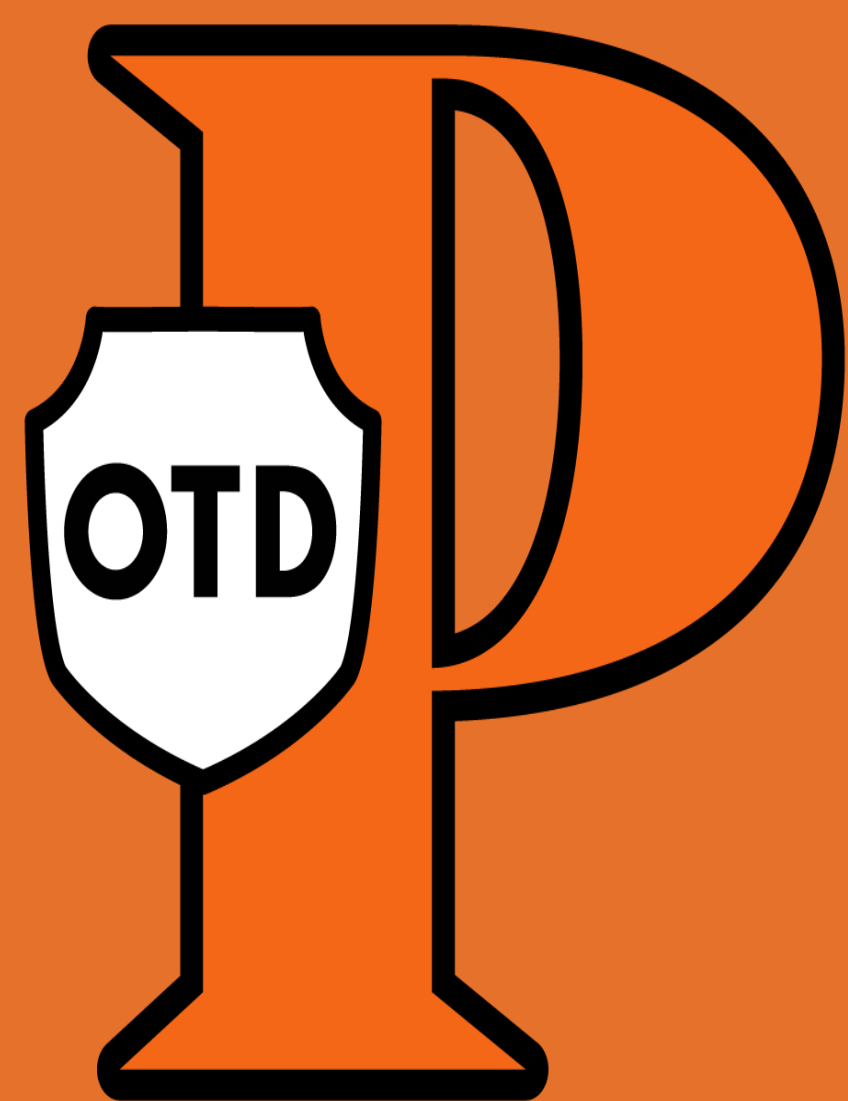
Outcome #1

- Manuscript
- Identification of discharge barriers
- Resources / solutions
- Increased awareness & understanding

Appendix C
Stanislaus County Community Resources and Potential Solutions for Unhoused Patients Transitioning Back Into Community Post Hospital Discharge
<i>Medical Support Post-Hospitalization</i>
<ul style="list-style-type: none">• Modesto Gospel Mission – Medical Respite and Recuperative Care (Justin Phillips – Point of Contact)<ul style="list-style-type: none">◦ Instrumental Activities of Daily Living (IADLs) support and some basic ADL support (patient must be Min A–SBA or modified independent in functional mobility and most ADLs) – varies case by case◦ Case management from experienced and highly knowledgeable stakeholders<ul style="list-style-type: none">■ Setup/assistance with obtaining insurance, gets clients signed up with PCP (to decrease ED readmissions), and schedules and drives clients to follow-up appointments<ul style="list-style-type: none">➢ 24/7 transportation services to/from follow-up appointments and/or ED◦ Medication management (including retrieving from pharmacy, coordinating refills with physicians, and safely administering throughout their stay to prevent misuse, underuse, or overuse)◦ Environmental modifications for safe functioning while recuperating◦ Advocacy services for all clients (appropriate DME, level of care, plan of care, transition of services, housing arrangements after stay, etc.)◦ General rehabilitation and habilitation classes and volunteer medical staff◦ ***After respite/recuperative care stay, clients are invited to join the New Life Program (NLP) at the Modesto Gospel Mission that is ~18 months to address homelessness at its core to fully reintegrate into society. Services in this program include mental health counseling, life skills classes (e.g., addiction studies, anger management, coping with early childhood experiences, financial management, etc.), work program, legal support, and more. Residents will be given weekly allowance for volunteering on the premises and will save a percentage of money earned to assist in obtaining housing, car, etc. At the end of the 18-month program, the individual will have secured a permanent house or apartment, job, mode of transportation, and life skills that aim to end the cycle of homelessness.<ul style="list-style-type: none">■ Program is free of charge■ Downside: less flexible with clients with animals• Modesto Salvation Army – Medical Respite<ul style="list-style-type: none">◦ More flexible with clients with animal companions (call for details as admission varies case by case)<ul style="list-style-type: none">■ More flexible with clients with animals■ Common drop out rate amongst patients (leave AMA or end up at Modesto Gospel Mission’s respite/recuperative care program) due to “lack of support”• Garden Gate Respite & Innovations Through Turning Points– 609 5th St, Modesto, CA 95351 (Miles – Point of Contact)

Methods
This needs assessment collected data through pre- and post-surveys (see Appendix A) and informal interviews from two local registered nurses with more than 30 years of experience working in healthcare and the respite care manager at the Modesto Gospel Mission which is a faith-based shelter in Modesto, California that offers temporary and emergency shelter to unhoused individuals in addition to refuge, recovery, and restoration. Prior to data collection, the Office of Research and Sponsored Programs and Institutional Review Board at the University of the Pacific granted IRB approval on May 14th of 2024.
Initial surveys took place electronically using a snowball sampling method in order to recruit registered nurses and or care coordination healthcare members working in hospitals in the Stanislaus and San Joaquin Counties in California. Respondents of the surveys (n=2) had experience working as a registered nurse and care coordination for over 30 years and were involved directly in patient care among persons experiencing homelessness throughout their years of experience. After the initial survey, registered nurses who participated in the survey were provided with an outline of three possible solutions to the recurring discharge barriers that were identified and asked to voluntarily complete a post-survey to measure any change in understanding of community-based transitional resources post-hospitalization for unhoused patients. Additionally, the manager of the respite and recuperative care center at the Modesto Gospel Mission in Modesto, California was interviewed in person during an on-site visit of the facility.
Results
Pre-Surveys
Several key themes emerged in surveys regarding barriers during the discharge planning process through the perspectives and opinions of the registered nurses with experience working with persons experiencing homelessness in a hospital setting. These themes included lack of safe housing, transportation, and follow-up care, impaired compliance with post-discharge instructions, and decreased knowledge of available community resources. Additionally, 100 percent of respondents reported they are unaware of any possible discharge placements, such as respite and recuperative care facilities, and community resources available to unhoused individuals in the Stanislaus or San Joaquin County post-hospitalization and reported they would like to learn more.

(Jenkinson et al., 2020)

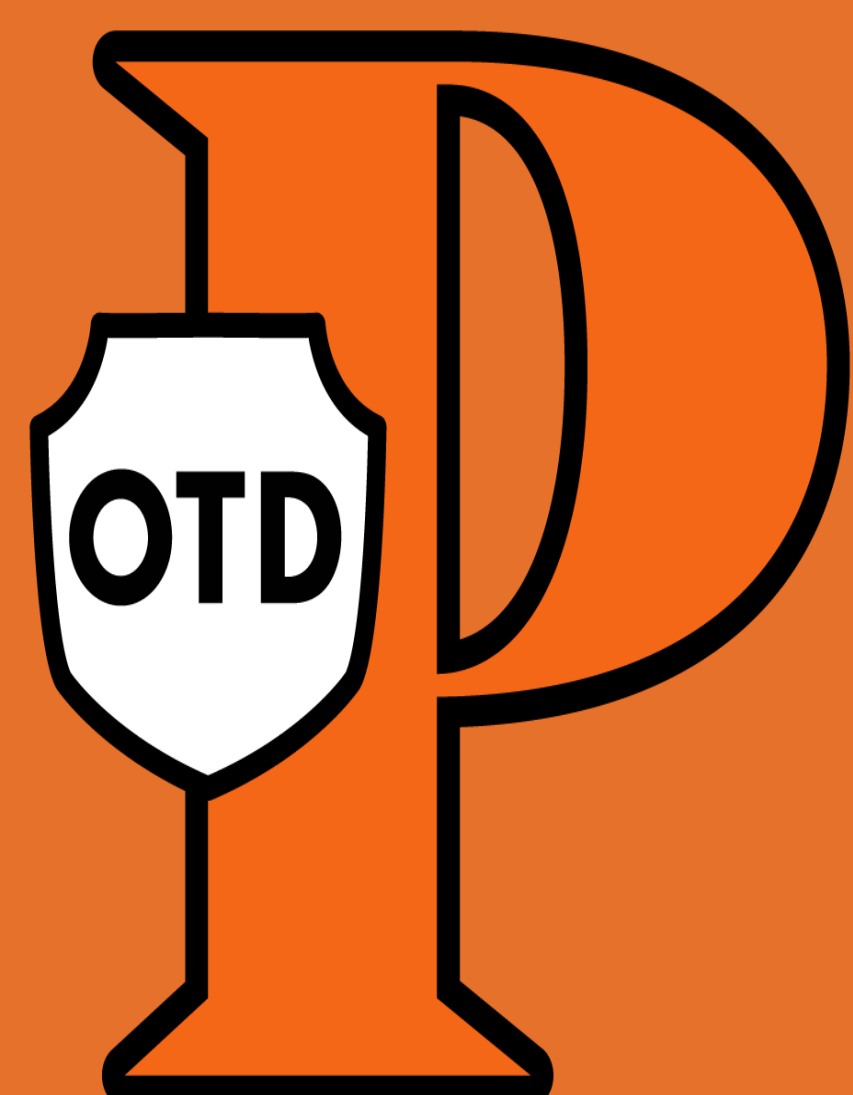


Outcome #2

- **Respite/Recuperative care manual**
- Improved efficacy and knowledge
- Facilitation of safe occupational performance

Table of Contents

Introduction	2
Neurological Conditions	3
Spot a Stroke: BE FAST	8
Fits and/or Epileptic Seizure Care	9
Cardiopulmonary / Circulatory Conditions	10
Signs / Symptoms of a Heart Attack (MI)	14
Energy Conservation	15
Oxygen Need Basics	16
Asthma Attack Recovery	17
Anaphylaxis Protocol / Recovery	18
Bleeding	18
Manual Vitals	19
Signs / Symptoms of Hypertensive Crisis & Orthostatic Hypotension.....	20
Metabolic Conditions	21
Signs / Symptoms of Skin Infection & Decubitus Ulcer	24
Signs / Symptoms of Wound Healing	26
Diabetic Ketoacidosis	26
Systemic Infections	27
Signs / Symptoms of Delirium	28
Terminal Diagnoses	28
How to Explain Cancer	29
Orthopedics / Precautions	30
Gastrointestinal	32
Fall Recovery	33
Recovery Position for Unconscious Person	33
Body Mechanics When Transferring	34
Common Medical Abbreviations	35
Common Durable Medical Equipment (DME)	36
References	37



Outcome #3

- Tailored informational resources with dialectical behavioral therapy (DBT) components
 - Emotional regulation
 - Distress tolerance
 - Interpersonal effectiveness
- Increased key stakeholders' knowledge base & confidence

Distress Tolerance Activities

Review this list of activities which often help people manage intense emotions. These activities are organized into seven different categories of activities from which to choose. You can more easily respond with intention rather than automatic patterns.

BODY-MOVING ACTIVITIES

These activities encourage you to move your body to increase circulation, distract you from your worries, & burn off energy. They are most effective when you feel either agitated or lethargic.

- Bike ride
- Chop wood
- Clean
- Climb stairs
- Dance
- Garden
- Go for a run
- Hit or throw a ball
- Kick something
- Play a sport
- Stretch your body
- Walk or hike
- Work out/Exercise
- Wrestle
- Yoga, Tai Chi, or Qigong
- _____
- _____

IN-THE-MOMENT ACTIVITIES

These activities bring your focus to the present moment, making things better, as best as you can, in the moment. Some activities can be done without any preparation, some require a few minutes for pleasurable experiences in the moment, and others require that you prepare space to make your situation better.

- Affirm yourself
- Be gentle with yourself
- Compare
- Distract yourself with entertainment
- Emulate someone you admire
- Imagine a wall
- Make a massage appointment
- Make therapy appointment
- Make a reservation
- Observe without judgment
- Packaging - box up a thought

SOCIALIZING ACTIVITIES

These activities engage you with others. They help you see that you are not alone.

- Ask for support
- Be with people you admire
- Call a friend or family member

PROCESS MODEL OF EMOTIONAL REGULATION

SITUATION SELECTION

- “Involves taking actions that make it more (or less) likely that we will end up in a situation we expect will give rise to desirable (or undesirable) emotions.” (Gross and Thompson, 2007, p. 11).
 - Example > choosing the long route home to avoid traffic and the associated negative emotions tied to experiencing traffic after

Check the Facts

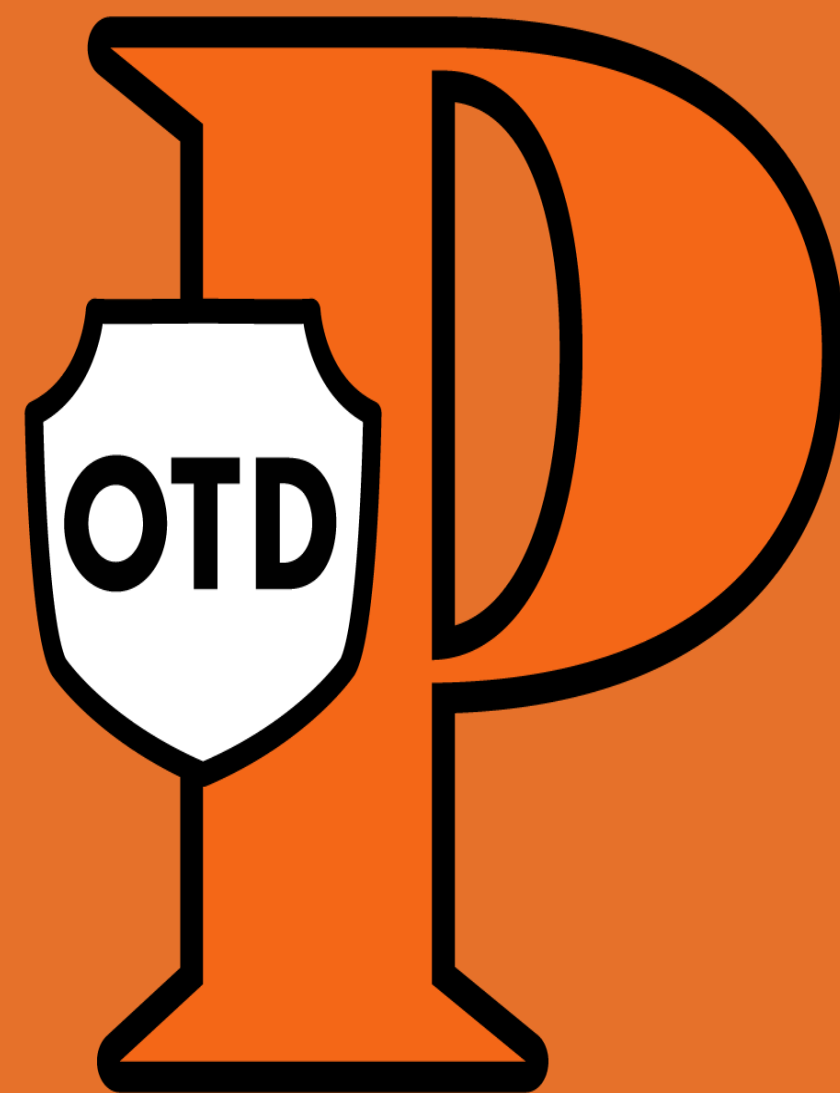
Have you ever had a strong emotional reaction to something, then regretted it the next day? Oftentimes, the things that feel like a big deal in the moment turn out to be unimportant when we look back with a clear mind. Practice **checking the facts** to reduce the intensity of these extreme emotions.

Ask yourself the following questions when you notice a strong emotion brewing:

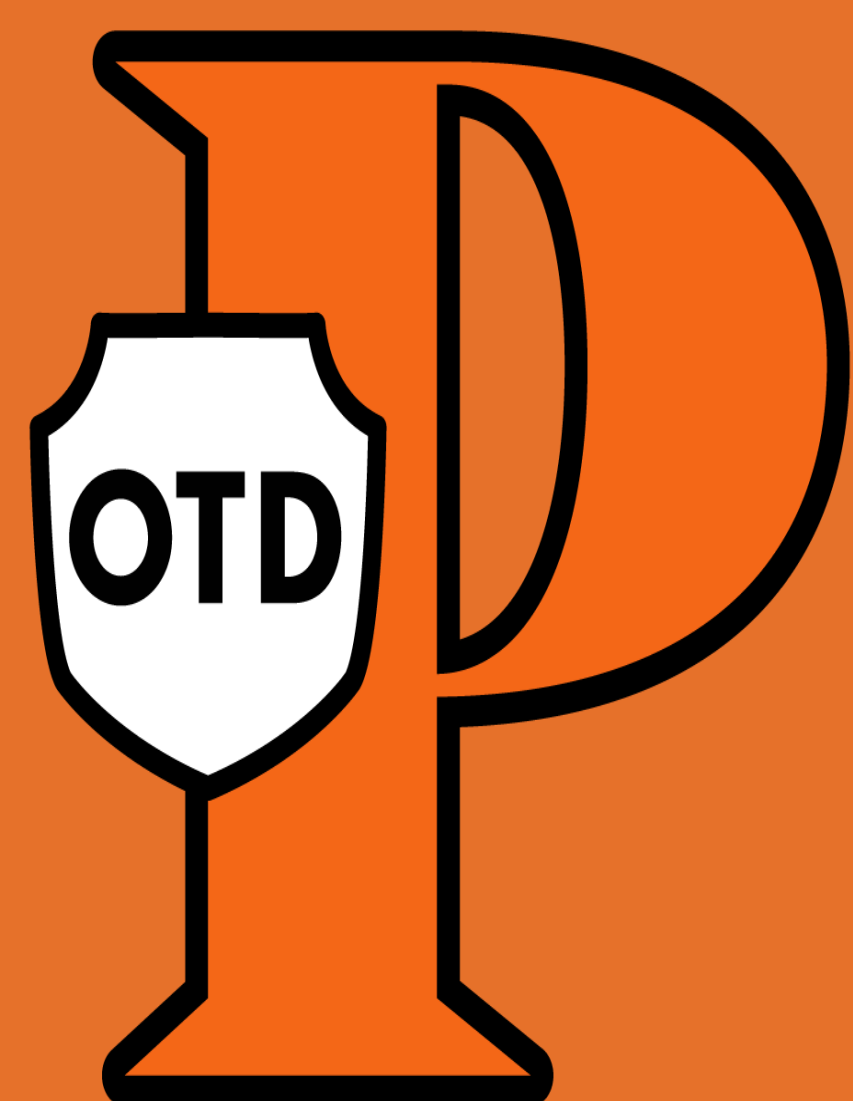
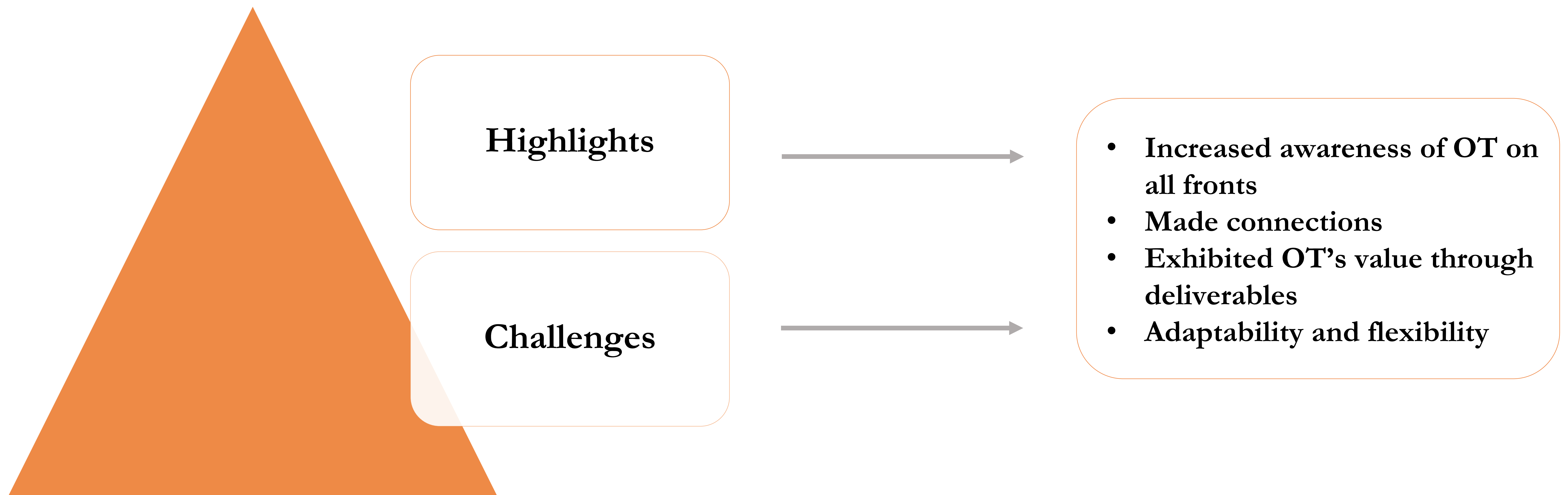
- 1 What event triggered my emotion?
- 2 What interpretations or assumptions am I making about the event?
- 3 Does the intensity of my emotion match the *facts* of the situation, or just my *assumptions*?

urrent discomfort
argument

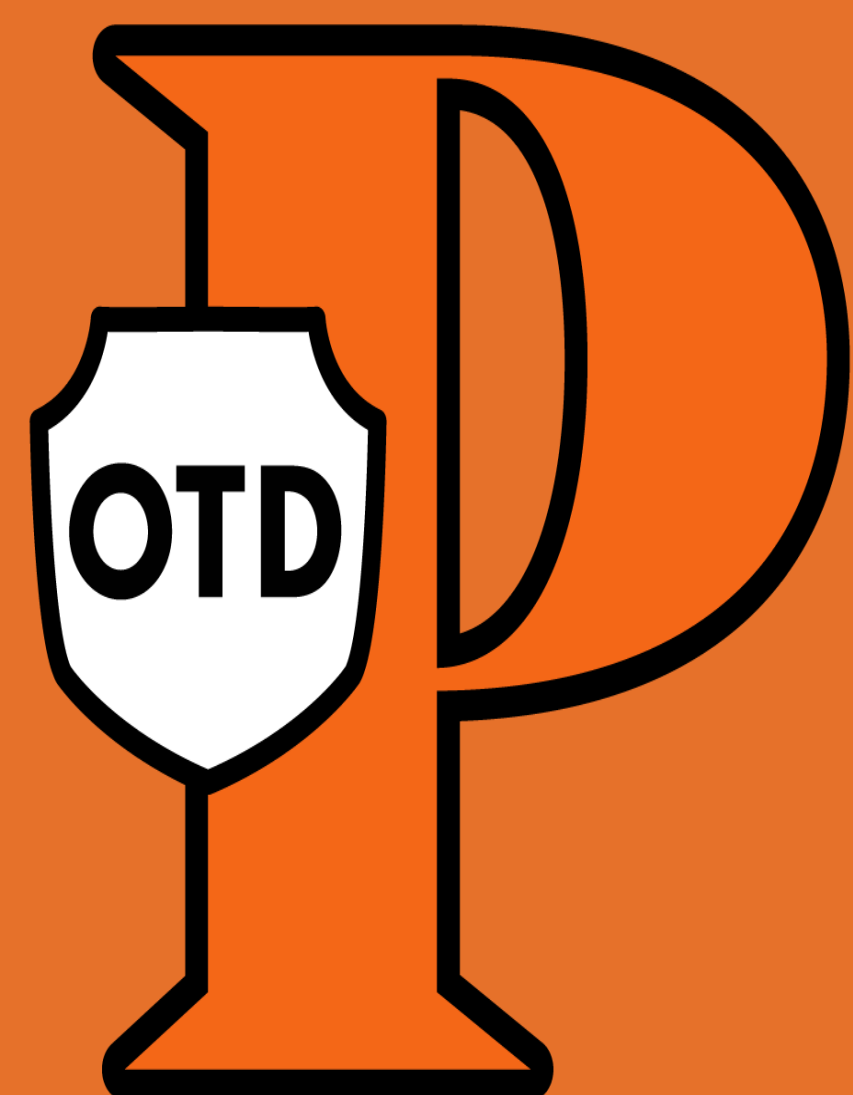
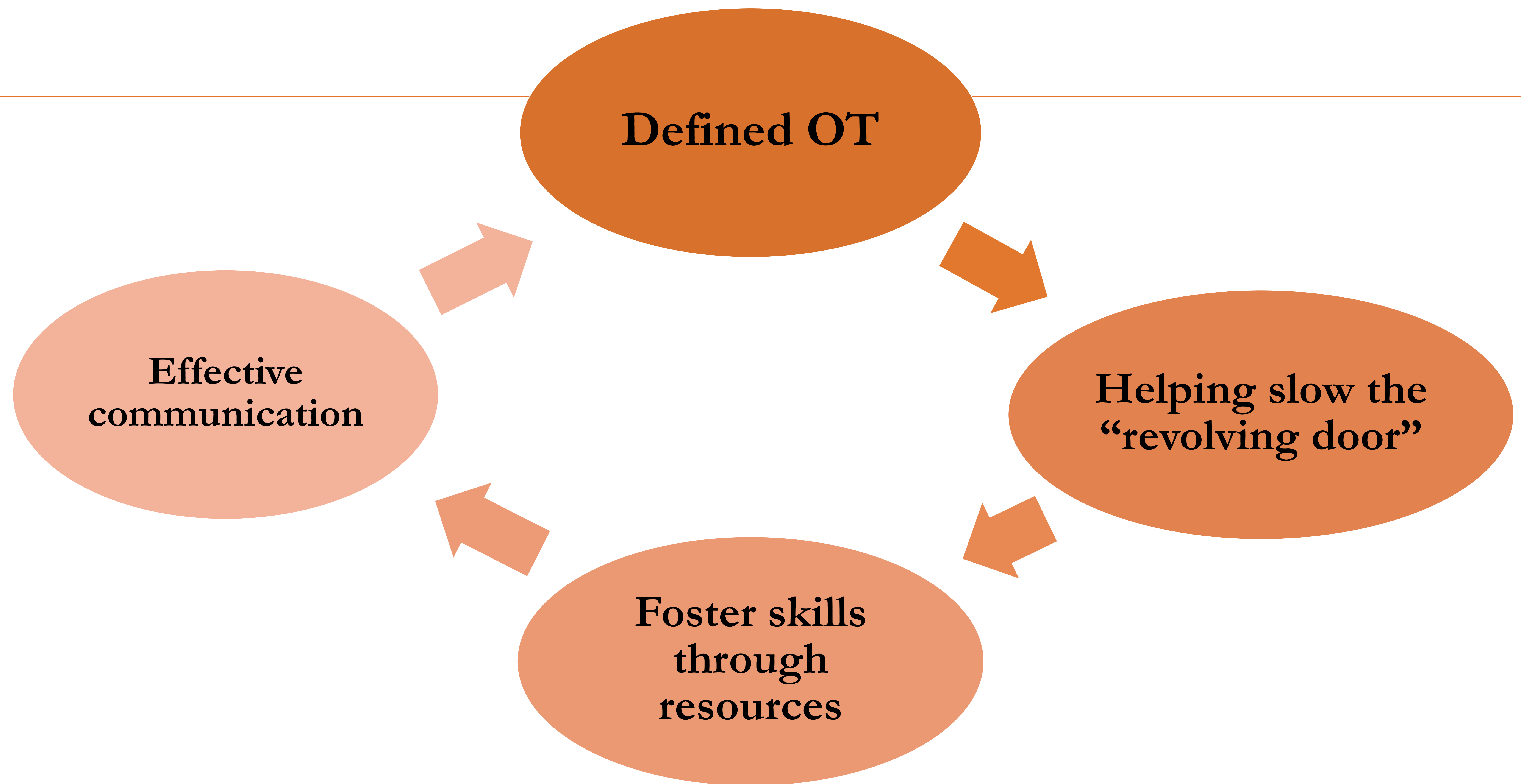
(Yamaoda, 2024)



Discussion



Impact



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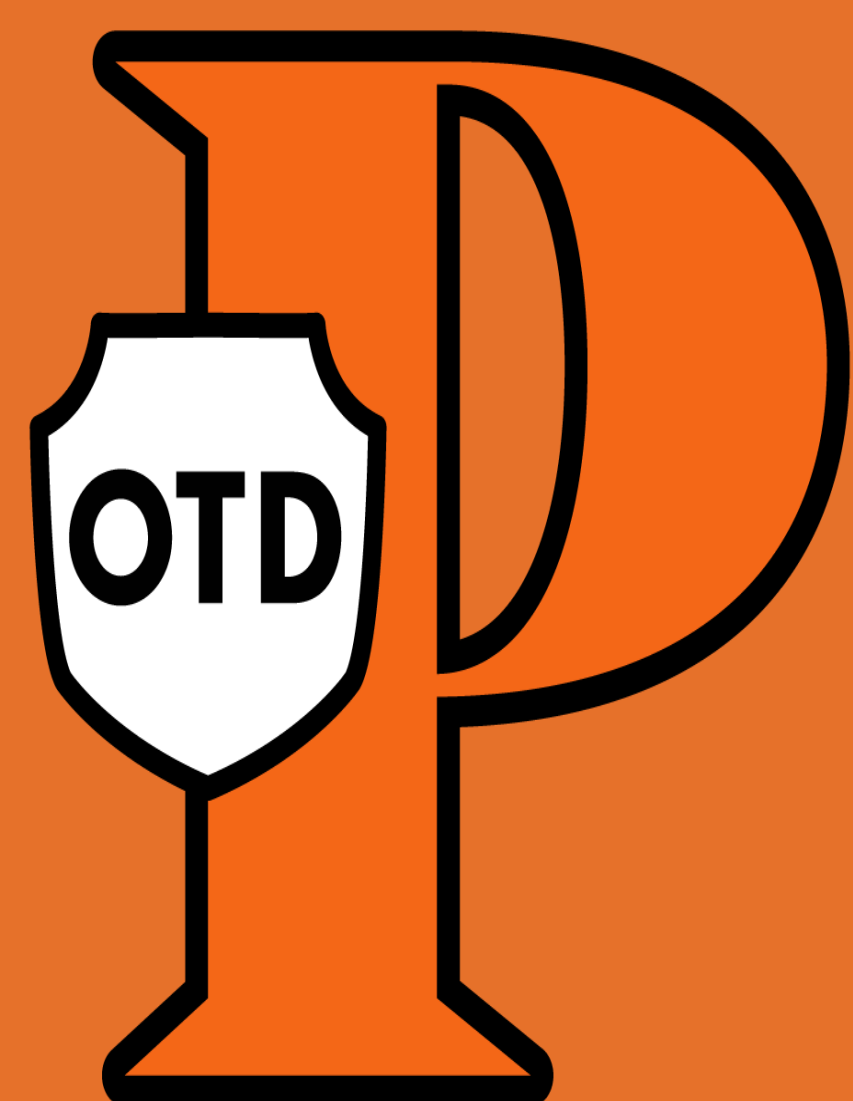
Future Implications

Expand on research

Continued support, networking, and advocacy

Lived-experiences

Occupational beings = need for OT



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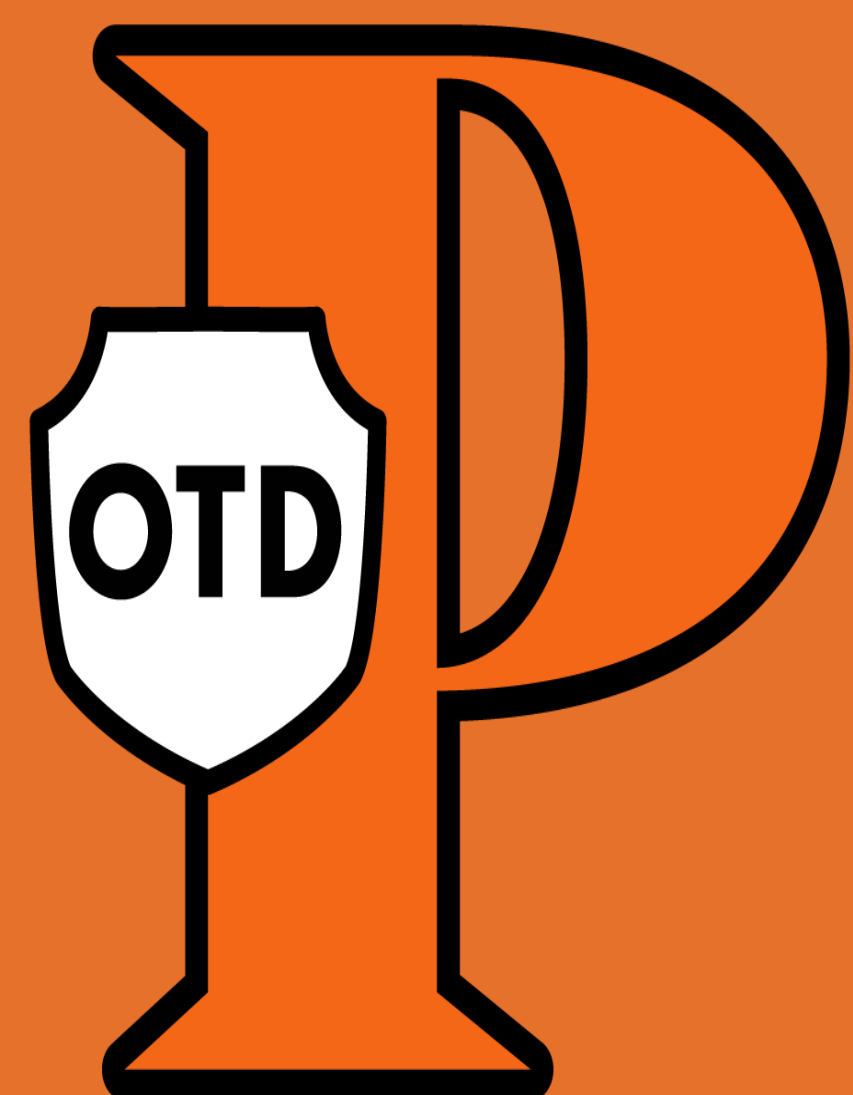
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Future Implications

“Use your education, your intelligence, and your heart to help the thousands of unhoused or sheltered adults and children in our country attain better lives. Use the skills that you were fortunate enough to learn through your occupational therapy education to make a difference in the lives of those among us who are most marginalized by our society. Do not stand by witnessing this occupational injustice perpetuated by unresponsive politicians, federal officials who would like to sweep this population under the rug, and a society that wants to maintain closed eyes. Be the ones who see the need for help and rise to serve.”

~Sharon Gutman, PhD, OTR, FAOTA

(Gutman, 2021)



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Acknowledgements

Dr. Perkins & Professor Haight

Dr. Kristy Uddin

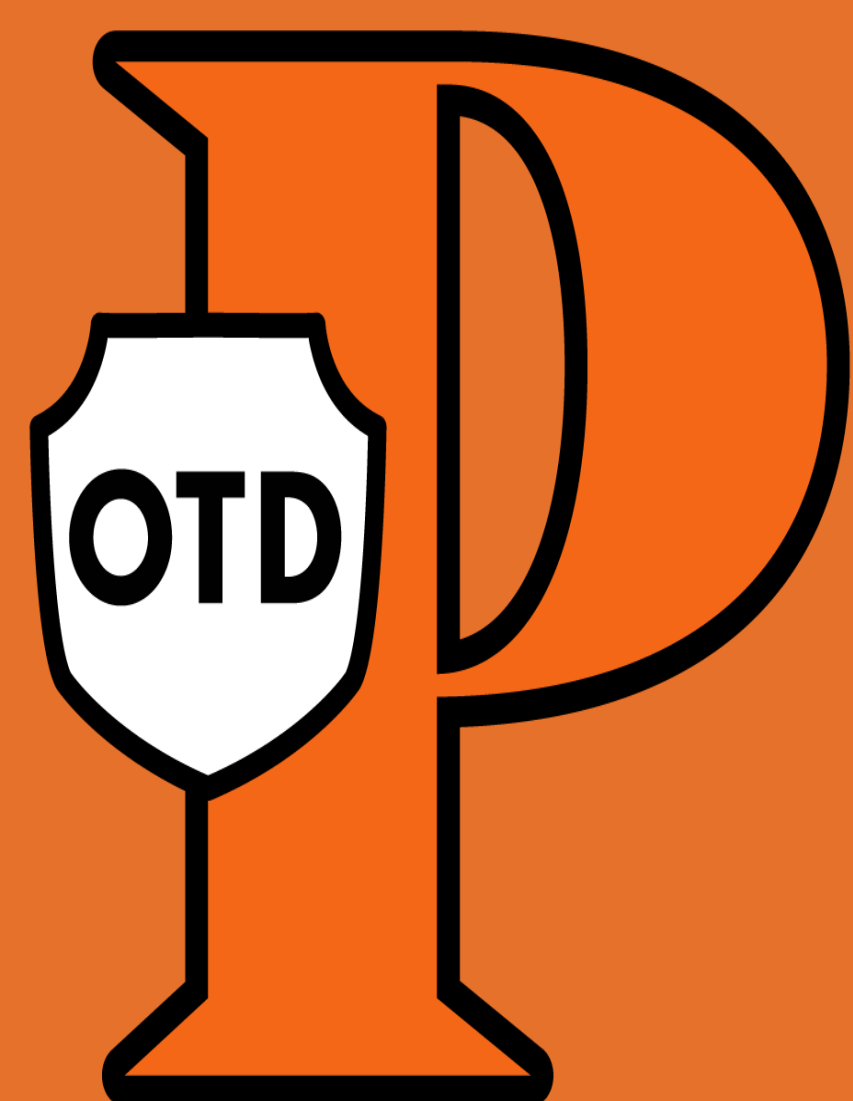
All UOP OTD Faculty & Staff

Anna Gracia-Pedroza

Modesto Gospel Mission

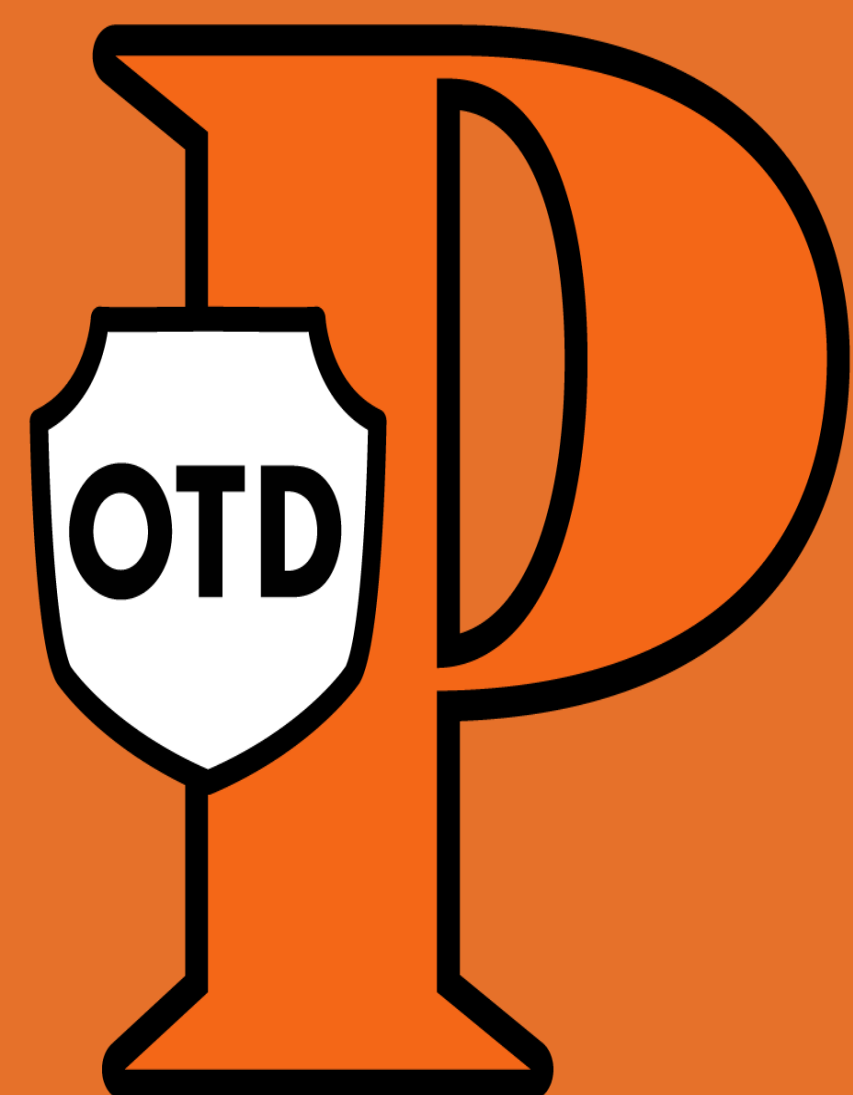
My Support System ♥

Thank you!



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References



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