Assessing the Need for Occupational Therapy Services in Programs that Serve Youth
Experiencing Homelessness in Washington State

May 2011

This research, submitted by Leanne Schaafsma, has been approved and accepted
in partial fulfillment of the requirements for the degree of Master of Science in
Occupational Therapy from the University of Puget Sound.

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Abstract

The purpose of this descriptive study was to assess the potential role for occupational therapy with youth experiencing homelessness in WA state. Directors, of programs serving youth who have experienced homelessness in the past 12 months and were ages 13-19 years were surveyed. Twenty-two surveys were mailed out and 11 were returned, resulting in a response rate of 50%. Survey respondents were well educated and highly experienced, reporting 6-31 years of experience with youth who have experienced homelessness. Results revealed many life skills and performance areas that pose challenges for the youth as well as areas in which they likely could benefit from further support or instruction. The areas most frequently reported by respondents included stress management, social skills, coping skills, self-efficacy, substance abuse, job skills, and housing status. The majority of respondents reported that their program could benefit from additional funding and onsite training for staff. No respondents indicated that occupational therapists currently serve homeless youth at their program. The results from this study suggest that occupational therapy may be an appropriate profession to help meet the myriad needs youth experiencing homelessness.

It could be said that the health of a society can be measured by its effectiveness in how it cares for its youth. Homelessness is rampant in the United States and is a nationwide problem affecting millions of men, women, and children. Disturbingly, **an estimated 1.6 million youth are homeless in a given year in the United States of America** (Robertson & Toro, 1998). These estimates suggest that adolescents under age 18 may be at higher risk for homelessness than adults (Roberston & Toro, 1998). The U.S. Department of Health and Human Services defines youth homelessness as "a situation in which a youth has no place of shelter and is in need of services and a shelter where he or she can receive supervision and care" (as cited in Bantchevska, Bartle-Haring, Dashora, Glebova, & Slesnick, 2008, p. 285). **In comparison to non-homeless, homeless adolescents experience a significantly higher risk for developing substance abuse problems, participating in high-risk sexual behaviors, contracting sexually transmitted infections, having contact with the criminal justice system, attempting suicide, and meeting the criteria for various mental health conditions** (Busen & Engebretson, 2007; Homeless Resource Center, 2010). One of the major complications for this population is encountering barriers to services. Apart from overall scarcity of services, some of the barriers that homeless youth face when trying to access services are distrust or dislike of staff, restrictive rules, unrealistic expectations, unsafe or unsuitable environments, and excessive access requirements (Aviles & Helfrich, 2004; Ensign & Panke, 2002).

Instability is a major theme observed among homeless youth. As a group, homeless youth tend to be transient, making it difficult to examine trends and determine and deliver necessary and effective interventions. Some treatment providers have used a damage model that focuses on pathology and deficits instead of strengthening coping skills and resiliency in this population (Prescott, Sekendur, Bailey, & Hoshino, 2008). The cycle of homelessness is perpetuated by the

approach of solely meeting critical needs and neglecting to equip youth with the essential skills they need for achieving independence. Furthermore, research has found that employers value social skills above technical skills when assessing a potential employee's qualifications (Elksnin & Elksnin, 2001) and social skills are often diminished or absent in homeless youth (Bearsley-Smith, Bond, Littlefield, & Thomas, 2008). Since many of homeless adolescents are high school dropouts, unemployed, and suffer from a variety of health issues, it is likely that many of their needs are not being met. **Examining this population from an occupational therapy perspective and determining what their needs are in their various occupations, in addition to identifying the barriers they are encountering, may contribute to promoting the well being of these youth.**

The issue of homelessness among adolescents is important for a variety of mental health and social work professionals, and for occupational therapists. The state of being homeless has a significant impact on a youth's quality of life, ability to participate in occupation, and general well-being. Occupational therapy practitioners understand the health-related value of participation in occupation and can make a vital contribution to youth who are experiencing homelessness. In addition, occupational therapists recognize the fundamental importance of social and community participation to a person's overall health and development (Herzberg & Petrenchik, 2009). Occupational therapy addresses psychosocial and mental health complications, which homeless youth are at increased risk for developing. Furthermore, occupational therapists continue to demonstrate how societal problems such as poverty, addiction, violence, and chronic homelessness can be addressed from an occupational therapy perspective (Munoz, Garcia, Lisak, & Reichenbach, 2006). Therefore the present study aims to

determine whether there is a need for occupational therapy services in programs that serve

homeless youth.

Background

   Defining homeless youth. Due to many unfortunate events, including the economic

downturn resulting in high rates of unemployment, homelessness among adults, families, and

youth in the United States continues to rise (National Coalition for the Homeless, NCH 2009a).

Causes of youth homelessness are affected by a web of complex factors. Many youth report

running from abusive or neglectful home environments (Aviles & Helfrich, 2006). For other

youth, homelessness results from family conflict that occurs around issues such as teenage

pregnancy, sexual orientation, school related problems, and drug and alcohol use (Aviles &

Helfrich, 2006). The complexity of these factors creates many challenges for those studying this

population, including finding one unified definition for "homeless youth."

   A review of the literature suggests that no accepted universal definition of homeless

youth exists. One study considered a youth homeless or at imminent risk of homelessness if he or

she had lived in one of the following places at any time during the preceding 12 months: a street,

subway, abandoned car, abandoned building, park, beach, car/bus/van,

boyfriend/girlfriend/lover/friend's house or apartment, foster home, group home, half-way

house, treatment center, shelter, mission, motel, hotel, boarding house, prison, or jail (Unger et

al., 1998). The Runaway and Homeless Youth Act of 2004 defines homeless youth as individuals

who are "not more than 21 years of age […] for whom it is not possible to live in a safe

environment with a relative and who have no other safe alternative living arrangement" (RHYA,

2004). For the purposes of the current study, youth will be considered "homeless youth" if they

are between the ages of 13 and 19 years and have spent at least one night in an emergency

shelter, on the streets, or in an improvised shelter without parental or guardian supervision in the past 12 months (Robertson & Toro, 1998). This definition was chosen because it provides a more focused population and narrower range of life skills to examine with the limited time and resources available for this study.

Lifestyles and health risks. A wealth of evidence exists demonstrating how living outside of a stable consistent home environment can be dangerous and detrimental to one's overall well-being. Homelessness increases the risk for mortality, alcohol and drug use, victimization, physical and mental health problems, and likely interrupts typical socialization and educational engagement (Boivin, Roy, Haley, & Galbaud du Fort, 2005; Robertson & Toro, 1998). Homeless youth also often employ high-risk illegal behaviors such as prostitution, pimping, theft, and dealing drugs (Robertson & Toro, 1998) in order to meet their needs. These lifestyles not only increase risks for acquiring dangerous diseases, but are associated with a variety of mental illnesses including major depression, post-traumatic stress disorder, and conduct disorder, which are found to be three times higher in runaway youth than in youth who are non-homeless (Robertson & Toro, 1998). In addition, attempted rates of suicide drastically increase for street-dwelling youth (Robertson & Toro, 1998). However, it is not always clear whether the time of onset for these high-risk behaviors or health conditions, is pre- or post-homelessness. It is likely though that stressful experiences resulting from homelessness only exacerbate pre-existing conditions or behaviors. Furthermore, ongoing problems of homelessness among some youths may be related to the impact abuse has on their developmental competencies and current coping and functioning skills (Kannenberg & Boyer, 1997). Developmental delays in sensorimotor, cognitive, and psychosocial domains can lead to ongoing struggles with decision

making, problem solving, or thinking logically despite society's attempts to counsel, feed, clothe, house, and employ youth experiencing homelessness (Kannenberg & Boyer, 1997).

Facilitators and barriers to services. The instability and transient nature of homeless youth creates a need for reliable sources of basic necessities such as food and shelter. Each homeless adolescent has his or her own reason for seeking or not seeking assistance in obtaining these basics when they are available. A study of service utilization by 296 homeless youths found that 78% of the youth used drop-in centers, 10% accessed substance abuse treatment, and 9% accessed mental health services (De Rosa et al., 1999). Low utilization of the latter services put these youth at high risk for developing mental illnesses, social exclusion, and ultimately chronic homelessness (Ferguson & Xie, 2008).

However, there is a possible debate surrounding the label of "mentally ill" with persons experiencing homelessness. Research by Vaillant (1994) hypothesized that there was a relationship between the defense mechanisms manifested in youth and cumulative experiences of maltreatment and victimization. Vaillant (1994) suggested, "much of what modern phenomenologists classify as mental disorders may be reclassified as the outward manifestation of the mind's adaptive efforts to cope with psychological stress" (p. 44). Understanding the relationship between defensive patterns of homeless youth and coping with victimization will better enable clinicians to appreciate youths' experiences and motivations, and develop interventions which would help youth to re-engage in non-street society (Mounier & Andujo, 2003).

Services are not, however, always easy for this population to access. Some of the barriers to access include age, fear of parents or social services being contacted, lack of transportation, lack of insurance, lack of social support, fear of judgment, and lack of knowledge about existing

services (as cited in Slesnick, Kang, Bonomi, & Prestopnik, 2008; Ensign & Panke, 2001).

Heinze and Jozefowicz-Simbeni (2009) found that staff reported more than twice the number of

services and resources provided to youth than youth reported were provided to them, which

suggests that youth may not be aware of all services available to them. Independent fulfillment of

basic needs by homeless youth is usually inadequate or absent, as youth often attend drop-in

centers to seek food, clothing, and showers (Ferguson & Xie, 2008).

Youth have also reported being treated as "ignorant" by health care staff, which served as

a deterrent to youth seeking out services (Ensign & Panke, 2001). Youth identified the

characteristics of trust, respect, and a nonjudgmental approach among staff members at health

care facilities as factors that support their willingness to seek services (Aviles & Helfrich, 2004;

Ensign & Panke, 2002). Findings by Heinze and Jozefowicz-Simbeni (2009) revealed that youth

experience frustration when encountering strict program rules and consequences as these can be

barriers to their attempts to develop independence.

The obvious characteristic that defines homelessness is the lack of a stable living

environment. However, Slesnick, Kang et al., (2008) found another chronic barrier encountered

by homeless youth who are minors. Because of their age, youth under 18 or 21 (depending on

housing laws) years of age are not permitted to sign leases for independent living situations

without a legal guardian's signature. This not only limits the youths' access to housing but to

stability, work, and education (Slesnick, Kang et al., 2008). This study also found that having

housing helps to decrease high-risk survival behaviors such as substance use, but drop-in centers

and outreach programs often have limited availability for housing homeless youth making it

difficult for youth to find housing services. Furthermore, most major federal initiatives for

homeless people focus on improving shelters and housing for adults. Less attention has been paid to programs and treatment for youth experiencing homelessness (Slesnick, Kang et al., 2008).

Another key issue in homelessness among adolescents is how they exit the street culture. A qualitative study used interviews with 27 homeless youth or those who had previously experienced homelessness to examine how youth decided to exit street culture (Garrett et al., 2008). Youth identified six key factors: letting go of substance use, distancing themselves from unhealthy relationships, finding motivation, creating aspirations and dreams, finding a job, and sleeping indoors off the streets (Garrett et al., 2008). Additionally, Slesnick, Bartle-Haring, Dashora, Kang, and Aukward (2008) explored predictors of change in homelessness among 180 youth between 14 and 22 years of age. Patterns of change were commonly linked to social connections and developing trust with service providers (Slesnick, Bartle-Haring et al., 2008).

Homelessness and education. In the U.S., one can presume that the majority of non-homeless youth spend much of their adolescence in the school environment where they have opportunities to develop social skills, future vocational skills, and fill their free time with extracurricular activities. Unfortunately, homelessness can have a devastating impact on a youth's educational opportunities (NCH, 2009b). During the 2006-2007 school year, there was a 17% increase in homeless children and youth identified in public schools, increasing the numbers of homeless students nationally to nearly 800,000 (NCH, 2009b). These figures promised only to increase in the following years, due primarily to the economy's drastic downturn in late 2008. Homeless children are nine times more likely to repeat a grade, four times more likely to drop out of school, and three times more likely to be placed in special education programs than their non-homeless peers (NCH, 2009b). Lack of education will likely exacerbate pre-existing

learning disabilities as well as potentially limit a youth's marketability for future vocational opportunities.

McDonald (2006) examined after-school occupations of homeless youth and attempted to discover the occupational needs of several youth through interviews. The study found that street-dwelling youth were at higher risk than non-street dwelling youth for developing learning problems such as speech delays and reading difficulties. Furthermore, they were less likely to receive treatment than non-homeless youth (McDonald, 2006). In addition, the study discovered that youth were adamant about having more available choices for after-school activities that they deemed interesting.

Occupational therapy defined. According to the *Occupational Therapy Practice Framework: Domain and Process, 2*nd *Edition* (AOTA, 2008)*,* occupational therapy is the application of the profession's core values, knowledge, and skills to assist clients (people, organizations, and populations) to engage in everyday activities or occupations that they want and need to do in a manner that supports health and participation (AOTA, 2008). Occupational therapists use evidence based practice to design therapeutic interventions for their clients. Interventions are based on the occupational therapy domain, which includes client factors, context and environment, performance skills, activity demands, performance patterns, and areas of occupation (AOTA, 2008). The *Framework-II*, states that all aspects of the domain are equal in value and together they interact to influence the client's engagement in occupations, participation, and health (AOTA, 2008). Therefore, clients are not viewed apart from the internal and external factors that influence their ability to function as independently as possible. Performance skills include motor and praxis skills, sensory-perceptual skills, emotional

regulation skills, cognitive skills, and communication and social skills (AOTA, 2008). Problems

with any of these skills can impact a youth's ability to fully engage in healthy occupations.

Occupational therapy interventions come in many forms, but may include *mastery*

experiences, in which occupational engagement allows a client to demonstrate abilities,

recognize assets, and understand and adapt to continuing challenges (AOTA, 2010). *Role*

modeling, in which a client learns to effectively problem solve and engage in occupations by

observing the occupational therapy practitioner (AOTA, 2010), might also be used with youth

who are experiencing homelessness. Part of the therapeutic process is how the occupational

therapy practitioner uses his or her personality, insights, perceptions, feelings, and judgments in

order to provide dynamic and powerful therapy, which is known as *therapeutic use of self*

(AOTA, 2010).

Current role of occupational therapy with homeless youth. Literature on the role of

occupational therapists working with homeless youth is scarce. The majority of existing

literature on homelessness addresses occupational therapy's role with homeless adults, not youth.

In addition, the literature mostly focuses on the medical needs of this population rather than

mental health and life skills that are needed for planning and goal setting (Aviles & Helfrich,

2004). Research has found that homeless youth experience difficulty working toward goals,

handling responsibilities, and managing finances (Aviles & Helfrich, 2004). Limited access to

street-dwelling youth makes outcome studies with reliable pretest and posttest measures very

difficult (Ferguson & Xie, 2008). Homeless youth, do however, commonly experience chronic

health conditions and may develop disabilities or functional deficits that are within occupational

therapy's scope of practice. Performance areas where deficits might be observed with this

population that overlap with the *Framework-II*, (AOTA, 2008), include emotional regulation skills, cognitive skills, and communication and social skills.

When occupational therapists were asked about their perceptions of what their role could be in working with people who are homeless, therapists' responses fell into two categories: emerging roles and traditional roles (Grandisson, Mitchell-Carvalho, Tang, & Korner-Bitensky, 2009). One participant stated: "Individuals who are homeless present with a myriad of problems that occupational therapists are uniquely qualified to address" (Grandisson et al., 2009, p. 494). Respondents saw potential for occupational therapists to serve people who are homeless through traditional assessments and screening, treatment, and research. Therapists also saw themselves being able to serve these individuals through emerging roles such as advocacy, outreach, and case management. Some of the challenges that were identified in implementing occupational therapy services were lack of collaboration, lack of knowledge and expertise, poor compliance, budgetary constraints and unwillingness to pay for services for this population, and beliefs about people who are homeless. Factors recognized as facilitating implementation of services included advocating with known agencies and other professionals, encouraging research, adding the topic to the curriculum of professional education programs, developing a rapport through client-centered interventions in the community, advocating by tracking successes, and advocating in the general population (Grandisson et al., 2009).

A common finding of intervention studies is that youth are capable of accessing basic needs while maintaining survival behaviors and continuing to live on the streets, which does not encourage a solution to the overall problem (Ferguson & Xie, 2008). In order to successfully aid homeless youth in achieving independence and reintegration into the larger society, teaching survival skills must be replaced with an intervention that creates marketable job skills, addresses

mental health issues, and successfully engages and retains the youth in services (Ferguson & Xie, 2008). A life skills intervention study including homeless youth, domestic violence victims, and adults with mental illness found that the greatest need for youth was finding employment (Helfrich, Aviles, Badiani, Walens, & Sabol, 2006). The same study concluded, however, that more research is needed to fully understand the most effective methods and interventions for improving the life skills of homeless individuals.

Purpose for current study. In conjunction with meeting homeless youths' critical needs, a thorough literature review indicates a need for a greater focus on helping youth to build skills and develop strategies that can move them safely and productively towards transitioning into adulthood. The literature also suggests that occupational therapists are trained to offer interventions that could help achieve these goals. However, little is known about the current presence of occupational therapy with this population or whether personnel at programs that provide homeless youth with services know about the valuable role that occupational therapy can play. As recommended by the 1998 National Symposium on Homelessness Research, each community is encouraged to collect its own data on the needs of its homeless population and use that information to develop interventions uniquely appropriate to their situation (as cited in Herzberg & Petrenchik, 2009). Therefore, the purpose of this study is to assess the need for occupational therapy services in programs and organizations that serve homeless youth in Washington state.

Method

Research Design

The research design for this study was descriptive. The method used was a statewide survey. The survey was structured in order to assess the need for occupational therapy services in

programs that serve homeless youth in Washington state. The questionnaire collected

demographic data about each program as well as current services being offered in order to

recognize the similarities and differences in each setting. Gathering those data helped to make

the information more generalizable to other similar sites both within and outside of Washington

state.

Participants

The population of interest was program directors/coordinators of organizations, facilities,

or programs in Washington state that provide services to youth who are homeless. These

directors were found through convenience sampling. General internet search engines such as

Google were used in order to find programs throughout Washington state where the target

population is currently being served. Search terms included: homeless youth, homeless

adolescents, homeless teens, programs, outreach, organizations, facilities, shelters, and

Washington state. Included were programs with an active site in WA state, and that were

currently providing services/resources to *youth,* who were defined as persons between the ages of

13 and 19 and were presently homeless or had been homeless at any point in the past 12 months.

Twenty-two programs meeting these criteria were identified through the search process.

Instrumentation

The research tool for this study was a questionnaire and the method was a U.S. mail

survey. The questionnaire was new but some questions and format were modeled after the staff

survey in McFadden (2010), a study on occupational therapy's role with at-risk youth in an

alternative education program. For the current study's survey questionnaire, see Appendix. A

pilot survey was sent to a University of Puget Sound faculty member, who has special interest

and experience with working with homeless populations, to ensure readability and completeness.

The questionnaire was divided into sections with subheadings and each subsection had a different focus. The questions placed an emphasis on gaining insight into the problem areas that research indicated are typically present in adolescents experiencing homelessness. The *Occupational Therapy Practice Framework, 2nd edition* (AOTA, 2008) was used to define performance areas and draft questions that were pertinent to the youths' development and ability to transition independently into adult life. The program directors were specifically asked about various skills, tasks, and activities that the youth in their programs struggle with and that overlap with the domain of OT practice. The format of the questions on the survey varied depending on the section of the questionnaire. Some questions required responses on a Likert scale. Demographic data was gathered using fill in the blank or check the box response options. The program directors were asked to rate or rank the importance of addressing specific occupational performance areas with this population. In addition, some questions aimed at determining whether those specific occupational performance needs were already being met by existing staff. Questions with a qualitative element were included to gain a deeper insight into characteristics of youth experiencing homelessness. The questionnaire was written to be completed in less than 30 minutes.

The complete survey packet consisted of a cover letter requesting participation and explaining the importance of the study, the survey questionnaire, a tea bag with a short note stating: "If you wish, brew a cup of tea to enjoy while you fill out this survey", and a postage-paid self-addressed return envelope. Because participation in the survey implied consent, a separate consent form was not used.

Procedure

Approval was sought from the university Institutional Review Board (IRB). Once the accessible population was determined, surveys were mailed to the program directors at each location, following the procedures for mail surveys as outlined by Salant and Dillman (1994). The survey packets were mailed to all accessible sites found through convenience sampling on the internet. Since the addresses and contact information for the program directors were made public via the internet, the first mailing included a request for participation in the survey as well as the survey itself. Respondents completed and submitted the survey anonymously. In addition, the return envelopes were labeled with an alphanumeric code for purposes of respondent tracking. To ensure the highest response rate, reminder post-cards were sent out approximately eight days after the first mailing and a second survey mailing was sent out approximately four weeks after the first mailing (Salant & Dillman, 1994). Identical mailing procedures were used for the first and second mailing. However, the alphanumeric codes used for the second mailing ended with *2, which allowed first wave and second wave responses to be differentiated and recorded. A Microsoft Excel spreadsheet was used to record whether each location responded to the first or second mailing. Upon their return, the surveys were removed from their envelopes in order to protect the identity of the respondent. The completed surveys were kept in a confidential envelope by the student researcher.

Data Analysis

Responses were coded and entered into Microsoft Excel for analysis. Frequency and percentages of responses were calculated. First wave and second wave responses were not compared because only one questionnaire was returned from the second mailing.

Results

Respondent Demographics

Twenty-two programs were mailed the questionnaire and 11 responded, giving a 50% response rate. Although 11 eligible surveys were returned, not all respondents completed the questionnaire in its entirety; therefore the number of responses varies for some questions. All survey respondents (n=11) were staff members at programs in Washington state. Seventy-three percent of respondents were female and 27% were male. Years of experience working with youth who are experiencing homelessness ranged from 6 to 31 years with an average of 14.8 years. Nine percent of respondents (n=11) indicated that their highest level of education was an Associate's degree, 36% indicated Bachelor's degree, 45% Masters, and 9% PhD. Respondent job titles (n=10) included center director, executive director(s), youth care manager, director, founder/director, program director(s), youth advocate, and support coordinator.

Program Characteristics

Respondents were asked to indicate the days and hours that they were available to provide services to youth. Programs ranged from being available 2 days per week for 3 hours/day to one program that indicated being available all hours and days of the year. Seventy-two percent (n=11) of programs were available to youth during daytime hours. Twenty-eight percent provided some form of overnight service. Programs ranged from serving 5-300 youth per week. Sixty-four percent of respondent programs served less than 100 youth per week and 36% served over 150 youth per week. Table 1 indicates the services that each program provides along with the percent of programs that offer each service. Over 80% of respondents indicated that their programs provided meals, clothes, hygiene products, and transportation services (or bus passes). Respondents could write-in additional services. Additional services offered by programs included employment services, housing services, high school/GED programs, case management, and a life skills workshop. Respondents then listed the three services from the entire set of

responses that were most commonly accessed by youth at their program. The most frequently identified services indicated were food, shelter, and clothes.

Service Acquisition

Sixty-four percent of programs indicated that 20% or fewer of youth served by their program, during the week preceding completion of the survey, were new to their program or had not received services from their program within the past year. Respondents were asked to report their perception of the top reason that youth returned to their program for services. *Positive relationships* was the most frequently listed factor, followed by safety, then food and medical services.

Youth Characteristics

Sixty-four percent of programs reported that more than 50% of the youth they serve are over the age of 19 years. Seventy percent of respondents identified family conflict and poverty or financial issues as the most common causes of homelessness for the majority of the youth they serve. Fifty percent indicated mental health issues, and 30% indicated substance abuse and aged out of foster care as the most common causes.

Respondents were asked to write 3 words or short phrases that first came to mind to characterize the majority of youth that come to their program. A variety of responses were reported, among these were: resilient, intelligent, salvageable, interested in their health, in need, ignored, traumatized, hungry for love, and full of hopes and dreams.

Youth difficulties and program's ability to meet needs. To gain further insight into the youth accessing services at each program, each respondent was asked to indicate how true they believed statements regarding psychosocial skills reflected the abilities of homeless youth in

general. Respondents were provided with a Likert scale ranging from "Never True" to "Usually True." Seventy-three percent or more of respondents indicated that all statements listed were sometimes to usually true except: *the youth can remain calm when facing difficulties because they can rely on their coping abilities* and *youth do not notice how others are feeling*; these statements were indicated as never to rarely true when describing the youth in general. Complete results from this question are displayed in Table 2. Respondents then indicated whether they believed less than half or more than half of the youth they served had difficulty with 19 specific skills, activities, and/or strategies. Eighty percent or more of respondents indicated that more than half of the youth seeking services at their programs have difficulty with the following: persist with tasks despite frustrations, maintain own health and wellness, engage in positive leisure pursuits, select and pursue personal interests, acquire and maintain a paid job, regularly attend school, and complete homework on time. The complete results are displayed in Table 3.

Respondents were asked to select all areas from a list of 24 performance areas that they believed could potentially pose challenges for the youth. Respondents were also able to write-in additional responses. Complete frequency results are displayed in Table 4. Some of the responses written in by respondents included lack of support, mental health issues, financial resources, and building and maintaining appropriate relationships. Using the full set of response choices, respondents then ranked the top five areas they felt posed the greatest challenge for the youth. Among these, the four most commonly indicated areas were stress management, social skills, coping skills, and self-efficacy.

Using the same list of 24 performance areas, respondents indicated the areas they believed youth would benefit from further support or instruction. Again, respondents could write-in additional responses. All areas except accessing transportation, finding services,

accessing services, and leisure and play were identified by 80% or more of the programs as areas they believed youth would benefit from further support or instruction. Complete frequency results are displayed in Table 4. Using the full set of response choices, respondents then ranked the top five areas they believed youth would benefit from further support or instruction. The top five areas that respondents most frequently indicated were self-efficacy, social skills, substance abuse, job skills, and housing status.

All respondents were asked to report how well they believed their program met the needs of the youth when addressing the performance areas in which they believed youth could benefit from further support or instruction. Respondents were provided with a Likert scale ranging from "Not Well" to "Very Well." Of those respondents who indicated self-efficacy of the youth, 83% believed their program met youths' needs moderately to very well and 17% reported not well. Of those respondents who indicated social skills, 40% reported minimally well and 60% reported meeting youth needs moderately well. Of those respondents who indicated substance abuse, 60% rated not well to minimally well and 40% rated their program met the youths' needs moderately to very well. Of the respondents who indicated job skills, 60% reported not well to minimally well and 40% rated moderately to very well. Of those who indicated housing status, 100% reported that they feel their program met the needs of the youth moderately well.

Respondents were also asked to indicate all professionals at their program who addressed the needs for further support or instruction. Case managers, volunteers, and trained staff were reported by the majority of respondents as the professionals who met the five most commonly identified needs, which included self-efficacy, social skills, substance abuse, job skills, and housing status. Table 5 displays the complete results.

Youth needs for instruction and practice of skills needed for independent living.
Respondents were asked to indicate whether or not they felt youth of different ages would
benefit from instruction and practice of various independent living skills. Respondents were also
able to write-in additional responses. Eighty-two or more respondents indicated that youth would
benefit from instruction and practice in all of the listed independent living skills for all age
groups. Complete results are displayed in Table 6. Other living skills that respondents wrote in
for youth ages 14-19 years included education support and planning, and cooking and nutrition.
Another skill written in for youth ages 18-19 was financial literacy.

Program Resource Needs Identified by Respondents

Respondents were asked to indicate all additional resources that they felt their program
would benefit from. Eighty-two percent (n=11) indicated they would benefit from onsite training
for staff and 55% indicated offsite training for staff. Seventy-three percent indicated that they
would benefit from trained professionals to work part-time onsite and 45% indicated trained
professionals to work full-time onsite. Twenty-seven percent indicated that training materials to
purchase would be beneficial, 64% indicated attendance at workshops, and 82% of respondents
indicated that their program would benefit from additional funding. Other resources that
respondents wrote in were additional staff, funding for more staff, and greater awareness of
community resources.

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Discussion

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The purpose of this study was to determine whether there is a role for occupational therapy
services in programs that serve youth who are experiencing homelessness. In this study,
respondents provided both quantitative and qualitative descriptions of the program
demographics, services provided to youth experiencing homelessness, perceived causes of

homelessness for these youth, perceptions of youth difficulties, and current effectiveness in meeting youth needs. A key finding from this study was that the majority of survey respondents were highly educated and highly experienced with youth who are homeless, which increases confidence that respondents are highly knowledgeable about the needs of homeless youth and the sufficiencies and limitations in current services.

The questionnaire was developed based on evidence found in the literature, creating an expectation that findings would be similar to previous research. This may explain the high frequencies of response choices reported in the results. While all results should be considered significant, the following discussion emphasizes those findings that most specifically address the purposes of this study. Salient findings repeatedly illuminated that youth experiencing homelessness have difficulty with goal setting, coping skills, social skills, self-efficacy, maintaining personal health and wellness, substance abuse, and job acquisition.

Youth Characteristics

Findings from this study found that there are a variety of causes for youth homelessness, which tells us that the issues that each youth face are complex and cannot always be generalized between youth. Findings also revealed that the majority of youth who seek services from respondent programs are return visitors. This finding may suggest that youth find value in these programs and desire to return to them for services. Many respondents reported that youth return to their program for positive and supportive relationships, which is consistent with the findings of Heinze and Jozefowicz-Simbeni (2009). This finding highlights the value these youth place on relationships with others who encourage them and can help support them in ways that they find meaningful.

Over half of respondents reported that most of the youth they serve are over the ages of 19 years. This could possibly be due to youth aging out of foster care and requiring more support and services, which is consistent with several respondents writing in "aged out of foster care" as a cause of homelessness for the youth they serve. Foster care systems often mandate youth attendance at independent living skills programs in order to prepare foster children for independence as an adult (Paul-Ward, 2009). However, these programs are often underutilized because they are not designed to be meaningful to teenagers and because youth may feel that they already have the skills to live independently, rendering the program unnecessary (Paul-Ward, 2009).

Causes for youth homelessness are complex and diverse. Results from this study revealed that family conflict was the most common reason the youth became homeless. This finding is consistent with Aviles and Helfrich (2006) who reported that youth homelessness often results from issues surrounding family conflict. Many youth also report running from abusive or neglectful homes (Aviles & Helfrich, 2006), which could be perceived as a form of family conflict, however some of the respondents in the current study did indicate abusive situations as a separate common cause for homelessness among the youth served by their programs. Having a history of sexual abuse or experiencing current victimization is not uncommon among youth who are homeless (Aviles & Helfrich, 2006) and the current study revealed that some of the youth attending respondent programs are currently homeless due to "all kinds of abuse you can imagine." According to Emler (2002) parents have the most influential impact on a child's level of self-esteem and physical and sexual abuse are among the most damaging things parents can do to their children's self-esteem. Family conflict and breakdown can also be very damaging to the development of a child's self-esteem (Emler, 2002). Successful participation in meaningful

activities that address improved self-efficacy and empowerment are important when developing

therapeutic occupation-based interventions for persons who have experienced sexual abuse

(Froehlich, 1992). Previous research indicates that self-efficacy in homeless persons can be

improved through occupational therapy interventions (Zabor, Concha, Riche, & Wier, 2010).

However, according to Anderson (2005) children who have been abused or neglected, and are

prone to low self-esteem, may require more focus on their emotional needs rather than specific

skill development. This knowledge, generalized to youth with self-esteem issues, is beneficial for

practitioners to be aware of in order to best serve this vulnerable population.

Youth Difficulties

Findings from the current study repeatedly reported that many youth experience difficulty

with goal setting, coping skills, social skills, self-efficacy, maintaining personal health and

wellness, substance abuse, and job acquisition. Furthermore, the majority of respondents

indicated that more than half of the youth that seek services at their programs have difficulty:

persisting with tasks despite frustrations, maintaining own health and wellness, engaging in

positive leisure pursuits, acquiring and maintaining a paid job, regularly attending school, and

completing homework on time. In order to transition off the street and live independently, youth

need to acquire these skills and learn to set and attain realistic goals. The reasons that youth who

experience homelessness have difficulty with skills, such as goal setting, social skills, and job

acquisition, are likely complex, multi-layered, and variable for each youth. For example, some

youth may lack motivation for change, while others may be coping with mental health issues,

which could create barriers preventing the growth and development of new skills. However,

according to Sanabria (2006), there is not currently enough information to determine what comes

first or constitutes a cause for the other: homelessness, mental health, or social adjustment. One

phrase that a respondent from the current study used to characterize the youth was, "interested in their health," which implies that at least some of these youth are motivated to make changes and are interested in their well being. In order for occupational therapy interventions to be successful, clients need to be involved and motivated to change. According to the Maslow's hierarchy of needs theory, youth will likely be more interested and motivated to participate in occupational therapy focused on growth and development of skills after their basic needs are met (Simons, Irwin, & Drinnien, 1987).

Maslow's hierarchy of needs theory explains that people must have their basic needs met, including emotional needs, before they can move towards their highest potential and ultimately achieve successful independence (Simons, Irwin, & Drinnien, 1987). For youth experiencing homelessness this could mean that essentials such as food, clothing, shelter, and nurturing relationships must be sufficiently available before service providers can effectively meet youths' higher level needs such as job attainment. It is possible that only after fulfilling these needs can youth address the complex factors related to self-efficacy and eventual self-actualization (Simons, Irwin, & Drinnien, 1987). Findings from this study, which found that youth most frequently return to programs for basic needs such as food, clothes, and shelter as well as for positive relationships, are consistent with Maslow's theory.

Program Resource Needs

The majority of respondents indicated that their program would benefit from further funding. This finding is consistent with those of Grandisson et al. (2009), who identified budgetary constraints and unwillingness to pay for services as a limitation for occupational therapists to provide services for this population. However, even if limited, small amounts of money could still support part-time or consultation services provided by professionals, such as occupational

therapists. In fact, most respondents to this survey reported that they felt their program would benefit from trained professionals to work onsite in a part time capacity and/or to provide onsite training for staff. In addition, Paul-Ward (2009) found that transition programs indented to help youth transition from foster care to independent living often lack the physical space where youth can get hands-on practice in living skills. Furthermore, agencies are often not equipped with the appropriate staff to assess each adolescent and provide client-centered services to address individual needs, which can result in staff doing things for the youth instead of youth learning the skills themselves, potentially perpetuating a cycle of learned helplessness within the youth (Paul-Ward, 2009). Using professionals who have expertise in helping people develop daily life skills, even if only part-time, could help programs meet these needs.

Implications for Occupational Therapy

No respondent programs from this study indicated that an occupational therapist currently provides services to the youth that attend their program. However, occupational therapists are uniquely qualified to address many areas in which homeless youth are experiencing difficulty. Clients may be defined as persons, organizations, or populations (AOTA, 2008), therefore interventions may be designed for specific youth experiencing homelessness, the programs they attend, or homeless youth in general. Occupational therapists recognize the fundamental importance of social and community participation to a person's overall health and development (Herzberg & Petrenchik, 2009). Occupational therapy practitioners may provide interventions for youth who are struggling with psychological and social challenges through the therapeutic use of occupations and activities, education, consultation, and advocacy initiatives (AOTA, 2010). Practitioners may also educate youth about goal setting and communication strategies, which may instill a sense of hopefulness and motivation to work towards positive future outcomes

(AOTA, 2010). In addition, occupational therapists can also be advocates working on behalf of youth who may be experiencing occupational deprivation or injustices that limit their ability to engage in meaningful and relevant activities (AOTA, 2010).

While occupational therapy may be a beneficial service for this population, there are many factors to consider. The issues surrounding youth homelessness are complex and determining the need for occupational therapy still does not provide solutions to the major underlying issues of abuse and neglect, family conflict, drug and alcohol use, socio-economic status, or discrimination based on race, gender, or sexual orientation. These issues are deeply rooted and multifaceted and cannot be solved by just one profession. Furthermore, practitioners would likely need to self-advocate for a position or look into providing staff training or consultation services, due to limited funding for these programs.

Limitations

The initial survey mailing list was compiled of sites found through the internet. This approach prevented the inclusion of any program that did not have a website. Furthermore, not every program website listed a specific name for their program director, which may have decreased the probability that the survey was delivered to the intended respondent. The length of the survey may have also been a limitation. Some non-respondents may have not wanted to take the time to fill out the survey or fill it out in its entirety. In addition, many respondents wrote in "All" as a response for questions where they were asked to indicate specific responses from a list of options. This may have been due to limited time to read and complete each item and could potentially have skewed the results. Furthermore, the inclusion criteria for participation in the study included programs that serve youth ages 13-19 years, but respondents indicated that the

majority of the youth they serve are over the age of 19. This inclusion requirement may have excluded programs that only served youth over age of 19.

Directions for Future Research

Future research should aim at gaining a deeper and more thorough understanding of how occupational therapy services could best serve this population. Outcome studies are needed in order to determine the specific types of interventions as well as the effectiveness of occupational therapy treatment techniques with youth experiencing homelessness. Case studies are needed to gain deeper insight into how specific individuals can be served by occupational therapists as well as analyze therapists' perspectives. Because of the sensitive nature surrounding the issues of homelessness, qualitative studies, or those that incorporate a qualitative component, are needed in order to fully conceptualize the youths' experiences and insights into services. This insight may help clinicians better serve this population using a client-centered approach. Some of the descriptors respondents used in this study for the youth included "no support from family, disenfranchised, rebelling, survivors, lost innocence, full of hopes and dreams, and walking dead." These descriptors provide a potential starting point for a more qualitative look at this population.

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Table 1

Services Provided by Respondent Programs to Youth Experiencing Homelessness

Services provided by programs	% of programs that offer each service
Hygiene products (e.g. toothbrushes, toothpaste, soap, tampons, etc.)	100%
Transportation (or bus pass)	100%
Clothes	91%
On-site meals	82%
Food to take off-site	45%
Medical referrals	73%
On-site unstructured leisure activities (ex: playing pool, games, etc.)	73%
On-site organized activities/games	73%
Showers	64%
Day drop-in shelter	55%
Job training	55%
Mental health services (i.e. counseling for substance abuse, sexual or physical abuse, depression, etc.)	55%
Support groups (with peers)	45%
Over-night shelter	36%
Basic medical aid	36%
Organized off-site activities	36%
Long-term housing (more than 2 weeks)	27%
Child care	9%
Other (write-in)	82%
Other 2 (write-in)	45%

Table 2

General Perceptions of Difficulties Experienced by Homeless Youth

Psychosocial skills	% Never True 1	% Rarely True 2	% Sometimes True 3	% Usually True 4
It is difficult for the youth to stick to and accomplish their goals.	0	9	55	36
The youth can always solve difficult problems if they try hard enough.	0	18	45	36
Youth follow daily routines.	0	18	36	45
It is difficult for youth to set personal goals.	0	18	55	27
Youth control their anger in an appropriate way.	9	18	55	18
When faced with a problem, youth can find several appropriate solutions.	0	27	64	9
Youth follow the advice of others.	0	27	64	9
Youth do not notice how others are feeling.	0	45	55	0
The youth can remain calm when facing difficulties because they can rely on their coping abilities.	0	45	45	9

Table 3

Percentage of Respondents that Perceived Homeless Youth as Experiencing Difficulty with

Skills, Activities, and Strategies

Skills, activities, and strategies	Less than half of youth have difficulty	More than half of youth have difficulty
Maintain own health and wellness	0	100
Acquire and maintain a paid job	0	100
Regularly attend school	0	100
Complete homework on time	0	100
Engage in positive leisure pursuits	9	91
Persist with tasks despite frustrations	18	82
Select and pursue personal interests	18	82
Respond effectively to the feelings of others	27	73
Control their anger	27	73
Use time productively	27	73
Demonstrate emotions appropriate to situations	36	64
Identify and use strategies to cope with stress	36	64
Maintain personal hygiene and grooming	36	64
Engage in or maintain effective interactions with adults	36	64
Use appropriate non-verbal communication during interactions	45	54
Seek help when needed	54	45
Engage in or maintain effective interactions with peers	64	36
Initiate appropriate conversation with staff	73	27
Initiate conversation with peers	82	18

Table 4

Performance Areas Perceived to Pose Challenges for Homeless Youth and Areas where Further

Support/Instruction would be Beneficial

	% respondents that indicated item poses challenges for youth (n=11)	% respondents that indicated that youth would benefit from further support or instruction for item (n=10)
Stress management	82	100
Coping skills	100	100
Job skills	100	100
Parenting skills	82	100
Money management	91	100
Nutrition	82	100
Managing aggression	91	100
Substance abuse	91	100
Housing status	91	100
Behavior regulation	91	90
Self-care skills	73	90
Communication skills	73	90
Problem solving	91	90
Goal setting	82	90
Health and wellness	82	90
Following routines	55	80
Social skills	91	80
Self-efficacy	82	80
Learning new skills	73	80
Accessing transportation	45	70
Accessing services	64	70
Leisure and play	73	70
Finding services	55	60
Other (write-in)	36	50
Other 2 (write-in)	36	40

Table 5

Frequency of Respondent Identified Professionals Who Meet Specific Needs of Homeless Youth

Needs identified by respondents	% of respondents who identified each professional												
	Social Worker	Case Manager	Non-trained staff	Trained Staff	Volunteer	Counselor	Occupational Therapist	Executive Director	Program Manager	Urban Ministry Fellow	Teacher	Life Discovery Coordinator	None
Self-efficacy (n=6)	17	66	17	66	50	17	0	17	17	17	0	0	0
Social skills (n=5)	0	60	40	60	80	0	0	0	20	0	0	0	0
Substance abuse (n=5)	0	40	40	0	40	60	0	0	0	0	0	0	0
Job skills (n=5)	0	60	0	40	40	0	0	0	0	20	20	20	20
Housing status (n=4)	0	75	25	25	0	0	0	0	0	0	0	0	0

*Note, each respondent indicated more than one professional per need, therefore results may exceed 100%

Table 6

Respondent Perceptions of Skills in which Homeless Youth would Benefit from Receiving

Instruction and Practice by Age Group

Skills	Age 13	Age 14-19
Identify jobs to apply for based on likes, dislikes, and interests	NA	100%
Identify jobs that match their personal abilities	NA	100%
Identify when help is needed and how to get help	100%	100%
Manage inappropriate behaviors or aggression	100%	100%
Maintain balance between daily activities	89%	100%
Plan and participate in appropriate leisure activities	100%	100%
Set up and maintain a monthly budget	82%	100%
Find and access medical services	89%	100%
Perform appropriate self-care activities	100%	100%
*Find and rent an apartment or living space	NA	100%
Prepare a resume, apply for a job, go to an interview, and discuss job benefits with an employer	NA	91%
Set and attain feasible goals	89%	91%
Find transportation	89%	91%

Note (*) applies only to youth ages 18-19 years. Age 13 (n=9) Ages 14-19 (n=11)

Appendix: Survey

OCCUPATIONAL THERAPY WITH YOUTH EXPERIENCING HOMELESSNESS:

A STATEWIDE SURVEY OF PROGRAMS SERVING HOMELESS YOUTH IN WASHINGTON

UNIVERSITY of PUGET SOUND

Please return your completed questionnaire in the enclosed envelope to:

School of Occupational Therapy & Physical Therapy
1500 N. Warner St. CMB 1070
Tacoma, WA 98416-1070
(253) 879-3522

Instructions: Please read each question carefully and answer each as honestly as possible. If a question causes discomfort or if answering a particular question does not apply to you, you may skip the question.

First, I would like to ask you some questions about your program:

*For the purposes of this survey the term <u>youth</u> will be defined as persons between ages 13-19 years that have spent at least one night in the past 12 months in an emergency shelter, on the streets, or in an improvised shelter without parental or guardian supervision. Please use this definition when answering the following questions.

Q1. When is your program available for youth to receive services (please check all days your program is open and write in the hours the program is <u>regularly</u> open):

☐ Monday: Hours_____
☐ Tuesday: Hours_____
☐ Wednesday: Hours_____
☐ Thursday: Hours_____
☐ Friday: Hours_____
☐ Saturday: Hours_____
☐ Sunday: Hours_____
☐ Additional hours (i.e. special exceptions): _____

Q2. Please write in the estimated number of youth your program serves per week:

_____

Q3. Of the children and youth who receive services from your program, please indicate the % that fall into each of the following categories:

_____under 13 yrs.

_____13-14 yrs.

_____15-16 yrs.

_____17-19 yrs.

_____above 19 yrs.

Q4. Please check which of the following services your program offers for youth (write in any services not listed):

☐ Food to take off-site
☐ On-site meals
☐ Clothes
☐ Showers
☐ Hygiene products (e.g. toothbrushes, toothpaste, soap, tampons, etc.)
☐ Transportation (or bus pass)

- ☐ Day drop-in shelter
- ☐ Over-night shelter
- ☐ Long-term housing (more than 2 weeks)
- ☐ Child care formatting
- ☐ Mental health services (i.e. counseling for substance abuse, sexual or physical abuse, depression, etc.)
- ☐ Support groups (with peers)
- ☐ Basic medical aid
- ☐ Medical referrals
- ☐ Job training
- ☐ On-site unstructured leisure activities (ex: playing pool, games, etc.)
- ☐ On-site organized activities/games
- ☐ Organized off-site activities (describe)_____
- ☐ Other(describe)_____
- ☐ Other(describe)_____

Q5. What 3 services from the list in Q4 are the <u>most</u> <u>commonly</u> accessed by youth at your program (please list):

1. _____

2. _____

3. _____

<u>The following questions ask about the youth who seek out services from your program:</u>

Q6. To the extent of your knowledge, please indicate the top 3 most common causes of homelessness for the <u>majority</u> of the youth that access your services. Please select or write in the <u>top 3</u> causes:

- ☐ Family conflict
- ☐ Pregnancy
- ☐ Sexuality issues
- ☐ Substance abuse
- ☐ Poverty or financial issues
- ☐ Academic issues
- ☐ Mental health issues
- ☐ Other_____
- ☐ Other_____
- ☐ Other_____

Q7. Of those responses selected in Q6, please <u>rank</u> the top 3 causes the youth at your program experience homelessness and list them here with "1" being the most frequent, "2" being the second most frequent, and "3" being the least frequent.

1._____

2. _____

3. _____

Q8. During the past week, what percentage of youth would you estimate were <u>new</u> to your program, or had not received services from your program within the past year?

☐ less than 10%
☐ 10-20%
☐ 20-40%
☐ 40-60%
☐ 60-80%
☐ more than 80%

Q9. To the best of your knowledge what is the number one reason youth return to your program for services (please write in):_____

Q10. Please write in the 3 words or short phrases that first come to mind to characterize the majority of the youth that come to your program:

1. _____

2. _____

3. _____

Q11. For each of the following statements, please indicate how true this statement is in describing the youth accessing your services in general. Check (1) if the statement is never true, (2) if the statement is rarely true, (3) if the statement is sometimes true, (4) if the statement is usually true.

	Never True 1	Rarely True 2	Sometimes True 3	Usually True 4
a. The youth can always solve difficult problems if they try hard enough.				
b. It is difficult for the youth to stick to and accomplish their goals.				
c. The youth can remain calm when facing difficulties because they can rely on their coping abilities.				
d. When faced with a problem, youth can find several appropriate solutions.				
e. Youth do not notice how others are feeling.				
f. Youth control their anger in an appropriate way.				
g. Youth follow daily routines.				
h. It is difficult for youth to set personal goals.				
i. Youth follow the advice of others.				

Q12. On a scale from 1-4, please indicate your perspective about the extent to which the youth who come to your program have difficulty with the following skills, activities, and strategies. Circle (1) if <u>none</u> of the youth have difficulties, (2) if less than half have difficulties, (3) if more than half have difficulties, (4) if <u>all</u> youth have difficulties. Or circle NA if the question is not applicable to any of the youth.

		None - - - - - - - - - - - - All have problems			have problems	
a.	Respond effectively to the feelings of others	1	2	3	4	NA
b.	Control their anger	1	2	3	4	NA
c.	Persist with tasks despite frustrations	1	2	3	4	NA
d.	Demonstrate emotions appropriate to situations	1	2	3	4	NA
e.	Identify and use strategies to cope with stress	1	2	3	4	NA
f.	Initiate conversation with peers	1	2	3	4	NA
g.	Initiate appropriate conversation with staff	1	2	3	4	NA
h.	Seek help when needed	1	2	3	4	NA
i.	Use appropriate non-verbal communication during interactions	1	2	3	4	NA
j.	Maintain personal hygiene and grooming	1	2	3	4	NA
k.	Maintain own health and wellness	1	2	3	4	NA
l.	Engage in positive leisure pursuits	1	2	3	4	NA
m.	Engage in or maintain effective interactions with adults	1	2	3	4	NA
n.	Engage in or maintain effective interactions with peers	1	2	3	4	NA
o.	Use time productively	1	2	3	4	NA
p.	Select and pursue personal interests	1	2	3	4	NA
q.	Acquire and maintain a paid job	1	2	3	4	NA
r.	Regularly attend school	1	2	3	4	NA
s.	Complete homework on time	1	2	3	4	NA

Q13. The following tables present many skills that youth experiencing homelessness may need in order to transition off the streets and live independently. For each skill or set of skills listed check YES if you think the youth in general would benefit from instruction and practice of the skill. Check NO if you do not think youth would benefit from additional instruction and practice of the skill. The tables are separated according to age. For example, the first table asks about 13 year-olds only.

AGE 13:	**Youth would benefit from instruction and practicing this skill**	
	YES	NO
a. Identify when help is needed and how to get help		
b. Maintain balance between daily activities		
c. Plan and participate in appropriate leisure activities		
d. Set and attain feasible goals		
e. Manage inappropriate behaviors or aggression		
f. Find and access medical services		
g. Perform appropriate self-care activities		
h. Find transportation		
i. Other (specify):		
j. Other (specify):		

AGES 14-19:	**Youth would benefit from instruction and practicing this skill**	
	YES	NO
a. Identify jobs to apply for based on likes, dislikes, and interests		
b. Identify jobs that match their personal abilities		
c. Prepare a resume, apply for a job, go to an interview, and discuss job benefits with an employer		
d. Set and attain feasible goals		
e. Identify when help is needed and how to get help		
f. Manage inappropriate behaviors or aggression		
g. Maintain balance between daily activities		
h. Plan and participate in appropriate leisure activities		
i. Set up and maintain a monthly budget		
j. Find and access medical services		
k. Perform appropriate self-care activities		
l. Find transportation		
m. Other (specify):		

n. Other (specify):		

AGES 18-19:	**Youth would benefit from instruction and practicing this skill**	
	YES	NO
a. Find and rent an apartment or living space		
b. Other (specify):		
c. Other (specify):		

Q14. From the list below, please indicate all items that <u>pose challenges</u> for the youth (please select all that apply):

☐ Stress management

☐ Coping skills

☐ Behavior regulation

☐ Self-care skills

☐ Job skills

☐ Parenting skills

☐ Health and wellness

☐ Following routines

☐ Problem solving

☐ Goal setting

☐ Money management

☐ Accessing transportation

☐ Other (specify) _____

☐ Finding services

☐ Accessing services

☐ Nutrition

☐ Leisure and play

☐ Managing aggression

☐ Learning new skills

☐ Communication skills

☐ Social skills

☐ Self-efficacy

☐ Substance abuse

☐ Housing status

☐ None

☐ Other (specify) _____

Q15. From the above list of items in Q14, please rank those 5 items that you believe <u>pose the greatest challenge</u> for the youth. Rank these items with numbers 1, 2, 3, 4, 5 with "1" posing the greatest challenge, "2" being the item that is second most challenging, and so on:

1._____

2._____

3._____

4._____

5._____

Q16. From the list below please indicate which items, if any, you feel that the youth would <u>benefit from receiving further support or instruction</u> (please select all that apply):

☐ Stress management

☐ Coping skills

☐ Behavior regulation

☐ Self-care skills

☐ Job skills

☐ Parenting skills

☐ Health and wellness

☐ Following routines

☐ Problem solving

☐ Goal setting

☐ Money management

☐ Accessing transportation

☐ Other (specify)_____

☐ Finding services

☐ Accessing services

☐ Nutrition

☐ Leisure and play

☐ Managing aggression

☐ Learning new skills

☐ Communication skills

☐ Social skills

☐ Self-efficacy

☐ Substance abuse

☐ Housing status

☐ None

☐ Other (specify)_____

Q17. From the above list of items in Q16, please rank the 5 items that you believe the youth would <u>benefit from receiving further support or instruction</u>. Rank these items with numbers 1, 2, 3, 4, 5 with "1" being the most beneficial, "2" being the second most beneficial, and so on:

1._____

2._____

3._____

4._____

5._____

Q18. Please <u>write in</u> the 5 ranked items you identified in Q17. Rate the extent to which you feel your program meets the needs of the youth on these items. 1=not well, 2=minimally well, 3=moderately well, 4=very well

Q17 Items:	1 Not well	2 Min. well	3 Mod. well	4 Very well
1.				
2.				
3.				
4.				
5.				

Q19. Again, please <u>write in</u> the same 5 items you identified in Q17 and Q18. If these items are addressed at your program please indicate which professional at your program addresses these needs. Please write in other professionals if applicable:

Q17 Items:	Social Worker	Case Manager	Non-trained staff	Trained Staff	Volunteer	Counselor	Occupational Therapist	Other: (specify)	Other: (specify)
1.									
2.									
3.									
4.									
5.									

Q20. If you feel your program would benefit from additional resources, what resources would help to address these needs (Q17) with the youth (please select all that apply or write in where applicable):

☐ Onsite training for staff
☐ Offsite training for staff
☐ Trained professionals to work full-time onsite
☐ Trained professionals to work part-time onsite
☐ Training materials to purchase
☐ Attendance at workshops
☐ Additional funding

☐ Other (specify):_____

☐ Other (specify): _____

The purpose of this study is to gain a better understanding of homeless youth in Washington State and the programs that serve them in order to determine a potential role for occupational therapy services.

Q21. Please include any additional information that could help us understand the purpose or mission of your program that you think could benefit this study:

_____

_____

_____

_____

_____

_____

Q22. Please include any additional comments you believe would help us understand the characteristics of the youth that seek out services at your program:

_____

_____

_____

_____

_____

_____

Lastly, I would like to ask you some questions about yourself:

Q23. Please indicate your sex (select 1):

☐ Male   ☐ Female

Q24. What is your job title at this program:

_____

Q25. How many years and/or months have you been working at this program:
_____(years)

_____(months)

Q26: How many years and/or months of experience do you have with working with youth who are experiencing homelessness:

_____(years)

_____(months)

Q27. Please indicate your highest degree and/or education. Write in your focused area of study where applicable:

☐ High School

☐ Associates_____

☐ Bachelors_____

☐ Masters_____

☐ PhD_____

☐ Certificate_____

☐ Other (specify) _____

☐ Other (specify) _____

Q28. Please indicate any specific training you have had to prepare for your current job (please select all that apply). Write in the nature of that training if applicable:

☐ On-site training when you took this job

☐ Volunteer experience _____

☐ Previous employment_____

☐ Degree_____

☐ Certificate_____

☐ Workshop (topic)_____

☐ Continuing education (topic)_____

☐ Other (describe)_____

☐ Other (describe)_____

☐ Other (describe)_____

Thank you!

Your time and energy is greatly appreciated! Please enclose your finished survey in the provided self-addressed envelope and put it in the mail.

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