

# AOTA Decision Guide

## Working With Adults Experiencing Homelessness (across practice settings)

### Introduction

People experiencing homelessness (PEH) live in communities across the United States, and the number of individuals and families experiencing homelessness has grown over the past year (Henry et al., 2021). It is critical for occupational therapy practitioners across practice settings to be aware of and implement best practices for PEH, to increase equity and quality in care. Homelessness can have several significant impacts on health.

People experiencing homelessness:

- Face significant health disparities and lack of access to routine health care services, despite being more likely to experience multiple chronic health conditions (Baggett et al. 2010).
- Have higher rates of mental health, traumatic brain injury, and substance use disorders than the general population (Stubbs et al., 2019).
- Have higher rates of geriatric and physical health conditions 20–30 years earlier than their housed counterparts (Fazel et al., 2014).
- Have a higher prevalence of trauma and post-traumatic stress disorder (Ayano et al., 2020).

Many PEH report having encountered discrimination or trauma in health care settings (LeBrun-Harris et al., 2013, Magwood et al., 2019).

### What Does It Mean to be Experiencing Homelessness?

The U.S. Department of Housing and Urban Development (Cornell Law School, n.d.) defines “literally homeless” as:

Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:

- (i) Has a primary nighttime residence that is a public or private place not meant for human habitation;
- (ii) Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs); or
- (iii) Is exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.

The National Health Care for the Homeless Council (2020) recommends an expanded definition of homelessness to capture all that might be experiencing housing instability. This definition characterizes homelessness as:

“Extreme poverty coupled with a lack of stable housing, encompassing:

- Those who may be ‘doubling up’ or ‘couch surfing,’
- Staying with others without their name on the lease, or
- Who lack safe and adequate housing.”

People experiencing homelessness may be single adults, families, minors or youth who have left unsafe or unstable home and family situations, young adults who have aged out of foster care, those recently released from incarceration, and older adults.

In addition to managing complicated health care systems, PEH often have to navigate complex systems in their communities to apply for and access stable or permanent housing. This may require meeting with and applying for different programs and vouchers, completing forms, and collecting data to verify their status as someone experiencing homelessness. Unfortunately, housing systems are not connected to health care systems, and often critical data that would support both the health and housing process are not shared across entities.

People experiencing homelessness, regardless of demographics, experience extreme occupational deprivation and alienation:

- Access to resources for basic occupations, such as activities of daily living (ADLs), are limited.
- They may not have any opportunity to engage in meaningful activity or instrumental activities of daily living (IADLs) that are available to people with homes, such as preparing a meal and doing laundry.
- Routines are often dictated by contextual factors, such as when shelters or shower facilities are open, public transportation timelines, and wait times at meal programs, leaving individuals with little choice or autonomy.
- Maintaining safety and managing personal belongings are top priorities, which can be difficult without a stable home and while navigating potentially discriminatory policies in the community.
- Further, stigma, marginalization, and ostracization have been cited in the research as common experiences due to housing status, and PEH additionally face ongoing threats to personal safety due to lacking stable housing (Magwood et al., 2019).

## Approaches and Resources for Occupational Therapy

Awareness and understanding of the multiple factors, such as social determinants of health (SDOH), impacting those who are homeless is critical in providing client-centered care. Approaching the needs of PEH through a strengths-based and occupational lens allows a distinct opportunity for this population to access health and self-care needs and receive more equitable care.

### The Occupational Therapy Practice Framework: Domain & Process (OTPF-4)

- “Occupational therapy practitioners work with a variety of populations experiencing difficulty in accessing and engaging in occupations because of factors such as poverty, homelessness, displacement, and discrimination.” (American Occupational Therapy Association [AOTA], 2020, p. 24)
- Using all domains of the [OTPF-4](#), practitioners can evaluate the impact of homelessness on all aspects of the person’s occupational engagement.

### Occupational Therapy Role’s in Addressing Homelessness

- [Bridging the Transition from Homeless to Housed: A Social Justice Framework to Guide the Practice of Occupational Therapists](#)

### Trauma-Informed Care

- A trauma-informed approach recognizes the trauma of current and past homelessness to avoid re-traumatization when encountering health care professionals, while operating from a strengths-based and empowerment-focused approach (Substance Abuse and Mental Health Services Administration [SAMHSA], 2014).
- [Substance Use and Mental Health Services Administration—Guidance for Trauma-Informed Approach](#)
- [National Health Care for the Homeless Council Trauma-Informed Care Webinar Series](#)

## National Health Care for the Homeless Council

- [Adapted Clinical Guidelines for People Experiencing Homelessness](#)

## National Harm Reduction Coalition

- [Foundations of Harm Reduction](#)

### Addressing Bias

Practitioners may first need to address and work through their own biases and perceptions of PEH. Stigmatizing attitudes, behaviors, and language may be common across practice settings among colleagues and other professionals, which can make it difficult to dismantle stigma and prejudice. A helpful tool is the [Health Professionals Attitudes Toward the Homeless Inventory](#), which is a 19-item tool evaluating a person’s current perceptions related to providing health care to people who are homeless (Buck et al., 2005). Occupational therapy practitioners can use the following strategies to start to combat stigma and health disparities with PEH:

- Avoid using terms such as *non-compliant*, *difficult*, or *frequent flier* when documenting and describing a person seeking medical care.
- Use language that is less stigmatizing and more reflective of the trauma and structural barriers a person experiences while homeless.
- Use language that advocates and presents a strengths-based approach in documentation and interprofessional meetings.
- Address use of stigmatizing language and/or behaviors from other professionals and provide education to address larger biases within settings.

## Recommended Strategies for the Occupational Therapy Process

Using the occupational therapy process, occupational therapy practitioners can reframe their typical practices to better address the needs of PEH. The table below provides examples and considerations for each of step of the occupational therapy process that practitioners can implement within traditional health care settings, primarily with adults experiencing homelessness. Throughout the process, practitioners should implement strategies for universal trauma informed care (SAMHSA, 2014).

OT Process	Considerations and Adaptations	Examples
<b>Evaluation</b>	<p><i>Consider impact of context on occupational engagement and likely existence of multiple client factors</i></p> <p><i>When completing the evaluation, be aware of the person’s ability to tolerate a large array of personal questions at the risk of it feeling invasive and causing re-traumatization, especially if the person has already answered questions from other interprofessional team members. Be sure to ask permission to engage in evaluation process, offering opportunities to skip questions and be respectful if the person declines or becomes uncomfortable.</i></p>	
<b>Occupational Profile</b>	<ul style="list-style-type: none"> <li>• Approach non-judgmentally</li> <li>• Ask about and document housing status</li> <li>• Ask how housing status affects or limits occupational engagement</li> <li>• Ask about support systems or existing supports.</li> </ul>	<p>“Where do you usually stay or sleep?”</p> <p>“Do you have regular access to a place to shower or take care of hygiene?”</p> <p>“Do you have access to regular meals? Where do you get your food?”</p> <p>“What are your major concerns about your health? What makes it hard to take care of your health?”</p>

<b>Assessing Context</b>	<ul style="list-style-type: none"> <li>• What are the unique physical demands of the places where the person spends their day or sleeps?</li> <li>• Does the person have access to storage for personal items?</li> <li>• What are the person's concerns about safety?</li> </ul>	<p>Have the person describe or demonstrate how/where they sleep (e.g., ground, in a tent, on a bench, sitting up).</p> <p>Identify the person's access to private facilities to complete ADLs, such as showering or dressing, and accessibility features.</p> <p>Visit the nearby shelter facilities to gain an understanding of physical layout, resources available, and schedules/routines of the shelter setting.</p>
<b>Assessing Client Factors</b>	<ul style="list-style-type: none"> <li>• What other physical factors may be impacting performance in addition to the presenting health need?</li> <li>• Assess for the presence and impact of cognitive issues and mental health symptoms</li> </ul>	<p>Implement literacy and health literacy screenings to ensure information and hand-outs can be used by the client.</p> <p>Have reading glasses available and use proper lighting for the completion of evaluations and interventions. Consider other necessary accommodations for accessibility in the process.</p> <p>Ensure consent with completing personal activities such as hygiene/ADLs.</p>
<b>Assessing Relevant Performance Skills</b>	<ul style="list-style-type: none"> <li>• Use or adapt evaluations that reflect occupations relevant to the person.</li> <li>• Use occupations and activities the person does not have support to complete or will have to complete independently.</li> <li>• Performance skills that appear to be ineffective may be adaptive and effective when a person is homeless and may be recognized as a strength and demonstration of problem-solving skills.</li> <li>• Have the person demonstrate or simulate skills and tasks with the supplies and facilities available to them in their daily lives.</li> </ul>	<p>Instead of meal preparation or bill payment, focus on health management or community navigation occupations for complex IADL assessment.</p> <p>Consider how lack of resources and required routines during homelessness may impact performance skills and ability to manage chronic health conditions. For example, skipping a step of a task may not be a result of decreased process skills, but instead (is) due to a person not regularly having access to supplies (e.g. a person may not clean their finger before using a glucometer as hand hygiene supplies are not regularly available).</p>
<b>Assessing Performance Patterns</b>	<ul style="list-style-type: none"> <li>• Recognize how habits and routines will be impacted by external structures and timelines.</li> <li>• Assess how contextual factors impact habits and routines and ability to complete desired occupations.</li> <li>• Identify the need to develop new habits in routines when transitioning between environments.</li> </ul>	<p>How are the person's ability to engage in self-care and health occupations impacted by availability of facilities, such as shelters and meal programs?</p> <p>Identify with the person how they need to organize their time throughout the day and week and still complete priority occupations.</p> <p>Identify supports needed to transition into structured setting, such as skilled nursing facility (with different time constraints) or into less structured settings, such as housing and support the person in preparing for the discharge.</p>
<b>Intervention</b>	<p><i>Use what you know about the person's context to guide skill development and adaptive strategies, addressing all health needs impacting performance</i></p> <p><i>Be sure to provide choice and reflect and respect the person's priorities when presenting interventions.</i></p>	

<p><b>Skill Development</b></p>	<ul style="list-style-type: none"> <li>Identify and practice skills that fit within the routines and resources available to the person.</li> <li>Identify and practice skills to address co-occurring health conditions, such as mental health symptoms or substance use.</li> <li>Use sessions to develop skills to navigate community resources and engage in continued health management.</li> </ul> <p>Adapt the environment, and type or quantity of strategies and cues for cognitive function.</p>	<p>Practice transfers that will be realistic to the person, such as moving from the ground into a wheelchair and vice versa.</p> <p>Develop strategies for self-organization and personal belongings that can realistically be implemented within a shelter setting.</p> <p>Identifying routines for self and health care integrated around the person's priorities, including substance use.</p> <p>Identify and practice skills for accessing walk-in services at a local health center.</p> <p>Identify and practice use of walking or public transit routes to additional support services or resources.</p>
<p><b>Adaptations and Equipment</b></p>	<ul style="list-style-type: none"> <li>Identify durable medical equipment and other equipment that the person can store and use within their context and be understanding when some is declined due to inability to effectively carry or store items.</li> <li>Work with the interprofessional team to identify ways to simplify follow-up, medication regimens, and health management demands. Highlight the person's strengths as well in the process.</li> </ul>	<p>Recommend and practice functional mobility devices that are sturdier and offer increased support, such as a rollator with a seat instead of a rolling walker, as the person will likely not have consistent access to places to sit down.</p> <p>Discuss with the person if there are parts of the health care plan that they won't be able to follow, due to concerns of safety (e.g. side effects), lack of resources, or supplies. Help with problem solving how to follow or work with the team to alter recommendations to adjust to resources the person does have.</p>
<p><b>Advocacy</b></p>	<ul style="list-style-type: none"> <li>Use strengths-based language and minimize using stigmatizing language in documentation and communication with other providers.</li> <li>Address and assist in developing self-advocacy skills for the person to use in various health care and community environments.</li> <li>Engage with your organization and interprofessional team to address stigmatizing or exclusive practices.</li> <li>Engage with local and national organizations to promote housing affordability and prevention of homelessness.</li> </ul>	<p>Highlight the person's strengths, resilience, and adaptive skills in documentation instead of differences in performing daily activities through our lens of privilege.</p> <p>Advocate with the interprofessional team regarding needs and modifications to the discharge plan that are due to the person's housing status and resources.</p> <p>Develop a coalition of providers within the setting to identify the specific needs of your community and identify initial organizational changes.</p>
<p><b>Outcomes, Transition, &amp; Discontinuation</b></p>	<p><i>Engage the person in the discharge and transition process and respect their preferences and decisions.</i></p>	
<p><b>Engaging with Community Resources</b></p>	<ul style="list-style-type: none"> <li>When possible, facilitate a warm hand-off to community organizations and resources.</li> </ul>	<p>Instead of referring a person to "walk-in" for services, schedule an appointment with the person considering their routines</p> <p>Resources to explore include:</p>

	<ul style="list-style-type: none"> <li>• Become aware of resources that are available in the community.</li> <li>• Become familiar with supports and services available from resources to ensure appropriate referrals and connections.</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">street medicine teams</a> that meet PEH where they are in the community;</li> <li>• <a href="#">medical respite/recuperative care programs</a> that can provide a safe place to heal and recuperate after hospitalization or sub-acute care;</li> <li>• <a href="#">community health centers</a> where PEH can access health services regardless of insurance or income;</li> <li>• drop-in centers to access <a href="#">food</a>, clothing, laundry or bathroom facilities, <a href="#">shelter</a> and <a href="#">housing resources</a>.</li> </ul>
--	--	--

## References

American Occupational Therapy Association. (2020). Occupational therapy practice framework: Domain and process (4th ed.). *American Journal of Occupational Therapy*, 74(Suppl. 2), 7412410010. <https://doi.org/10.5014/ajot.2020.74S2001>

Ayano, G., Solomon, M., Tsegay, L., Yohannes, K., & Abraha, M. (2020). A systematic review and meta-analysis of the prevalence of post-traumatic stress disorder among homeless people. *Psychiatric Quarterly*, 91, 949-963.

Baggett, T. P., O'Connell, J. J., Singer, D. E., & Rigotti, N. A. (2010). The unmet health care needs of homeless adults: A national study. *American Journal of Public Health*, 100, 1326-1333. <https://doi.org/10.2105/AJPH.2009.180109>

Buck, D.S., Monteiro, F.M., Kneuper, S., Rochon, D., Clark, D.L., Melillo, A., & Volk, R.J. (2005). Design and validation of the health professionals' attitudes toward the homeless inventory (HPATHI). *BMC Medical Education*, 5(1), 2.

Cornell Law School – Legal Information Institute. (n.d.). *General definition of homeless individual*, 42 U.S.C. § 11302. <https://www.law.cornell.edu/uscode/text/42/11302>

Fazel, S., Geddes, J. R., & Kushel, M. (2014). The health of homeless people in high-income countries: Descriptive epidemiology, health consequences, and clinical and policy recommendations. *Lancet*, 384(9953), 1529-1540. [https://doi.org/10.1016/S0140-6736\(14\)61132-6](https://doi.org/10.1016/S0140-6736(14)61132-6)

Henry, M., de Sousa, T., Roddey, C., Gayen, S., & Bednar, T. J. (2021). *The 2020 Annual Homeless Assessment Report (AHAR) to Congress*. U.S. Department of Housing and Urban Development. <https://www.huduser.gov/portal/sites/default/files/pdf/2020-AHAR-Part-1.pdf>

LeBrun-Harris, L. A., Baggett, T. P., Jenkins, D. M., Sripipatana, A., Sharma, R., Hayashi, A. S., ... Ngo-Metzger, Q. (2013). Health status and health care experience among homeless patients in federally supported health centers: Findings from the 2009 patient survey. *Health Services Research*, 48, 992-1017. <https://doi.org/10.1111/1475-6773.12009>

Magwood, O., Leki, V. Y., Kpade, V., Saad, A., Alkhateeb, Q., Gebremeskel, A., ... Pottie, K. (2019). Common trust and personal safety issues: A systematic review on the acceptability of health and social interventions for persons with lived experience of homelessness. *PLoS ONE* 14(12): e0226306. <https://doi.org/10.1371/journal.pone.0226306>

National Health Care for the Homeless Council. (2020). *Understanding homelessness*. <https://nhchc.org/understanding-homelessness/faq/>

Stubbs, J.L., Thornton, A.E., Sevick, J.M., Silverberg, N.D., Barr, A.M., Honer, W.G., & Panenka, W.J. (2019). Traumatic brain injury in homeless and marginally housed individuals: A systematic review and meta-analysis. *The Lancet Public Health*, 5(1), e19-e32. [https://doi.org/10.1016/S2468-2667\(19\)30188-4](https://doi.org/10.1016/S2468-2667(19)30188-4)

Substance Abuse and Mental Health Services Administration. (2014). *SAMHSA's concept of trauma and guidance for a trauma-informed approach*. <https://store.samhsa.gov/product/SAMHSA-s-Concept-of-Trauma-and-Guidance-for-a-Trauma-Informed-Approach/SMA14-4884>

Created for the American Occupational Therapy Association by Caitlin Synovec, OTD, OTR/L, BCMH, Andrea LeFlore, OTD, OTR/L, and Nina Robins, PhD, OTR/L