

HOMELESSNESS OUTREACH

*Do adult perinatal homeless women (P) living in a crisis maternity home after participating in the COPE group (I) as compared to their current practice (C) increase their self-efficacy (O) after eight weeks of the intervention (t)?*

The project was implemented at Mama’s House, a non-profit shelter in Palm Desert, California. The mission is to provide a home for vulnerable women in crisis pregnancies with no place to go and no means of support (*Mission Statement*, n.d.).

**Intervention:**  
*The intervention consisted of eight sessions of CBT: thoughts lead to behaviors, self-esteem, coping with stress, goal setting, regulating one’s emotions, sleep and integration of life skills (Melnyk, 2003).*

A dependent samples t-test was conducted. The data used was from the questionnaire New General SE results before COPE and eight weeks later.

RESULTS

Perinatal woman living in a crisis pregnancy shelter were recruited to participate as a convenience sample. Four completed the project, all adults between the ages of 23-37.

As seen in the pie chart, half had some college ( n= 2, 50 %). *None of the participants were employed ( n= 4, 100%).*

The results did not show a significant difference in self-efficacy as determined by the paired samples t-test and based on an alpha level of .05 ( $t(3) = 1.55, p = .219$ ). The null hypothesis was accepted. There was no difference.

Bar plot: The mean per participant of self-efficacy scores before and after the intervention is demonstrated.

**Limitations:**  
**Sample size:** Adults over the age of 18. Given the population of perinatal homeless women, future projects would want to include adolescents.

**Social desirability bias-** Since the participants were living together, they may have wanted to appear favorable. Individuals with high social anxiety tend to provide less self-disclosure.

**Future Design:** One might want to consider performing a mixed methods sequential case project (Polit, 2010, p. 403). Instead of only a questionnaire, an evidenced based interview format could also be included with direct and indirect questioning (Jo, 2000). *Here the verbal response of how the participant felt regarding their experience with the intervention could be included.* This would then include both a qualitative and quantitative analysis. These results could be synthesized.

SOCIAL DETERMINANTS OF HEALTH

Homelessness is a public health issue. Depression is approximately five times higher than those who are housed. The stressful living conditions being subjected to malnutrition and violence exacerbates mental illness (National Healthcare for the Homeless Council, 2019). Woman and infants that are homeless are especially vulnerable. Becoming homeless while pregnant has detrimental effects on neonatal development (Clark et al., 2019). *Newborns are at risk for negative birth outcomes and premature birth and delayed developmental milestones (Dworsky et al., 2018).* Furthermore, powerlessness has been found to be being a risk factor in health.

**SELF EFFICACY:** The literature discusses how those who have an internal locus of control and higher self-efficacy demonstrate better decision-making capacity. Therefore, a major contributor of health is empowerment. *This can be accomplished through bringing about a sense of community, increased participation in decision making along with empathetic environments (Wallerstein, 1992).*

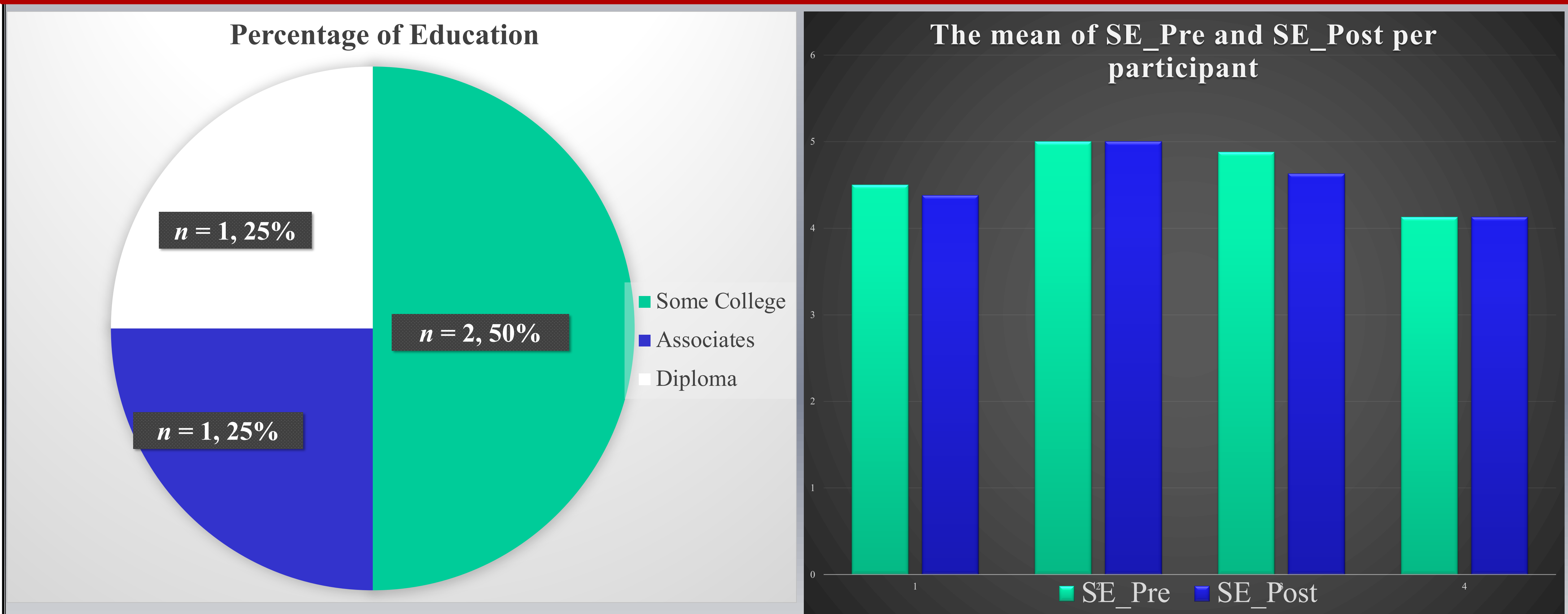
**COGNITIVE BEHAVIORAL THERAPY:** The manualized Creating Opportunities for Personal Empowerment (COPE) was initially developed to treat youth struggling with anxiety and depression (Melnyk, n.d).

**Prevalence:** A count by State of Homelessness (2020) found that the prevalence of homelessness in America in January of 2019 to be 567,715. California on average has over a third of the countries unhoused population (*State of Homelessness: 2020 Edition*, n.d.). *Nearly half of women who are homeless between the ages of 18- 25 are pregnant or have young children (Dworsky et al., 2018).*

**Incidence:** Furthermore, the state has had the highest incidences of street homeless with an approximately 16% increase according to the 2019 Annual Homelessness Assessment Report (Lourdes, 2020).

**Literature Review:**  
**SE:** A study was conducted measuring psychological capital among perinatal homeless women who frequented a drop-in center. *Psychological capital is a construct which consists of hope, resilience, optimism and self-efficacy (Rew et al., 2017).* The group discussed health topics and was goal focused along with text messages with words of encouragement. Within a month's time, 82% of participants reached their short-term goals (Rew et al., 2017).

**CBT:** Research by Pontoski et al. (2016), has shown cognitive behavior therapy (CBT) to be useful in the setting of a safe havens. Training was provided for case managers learned to take an evidence-gathering approach instead of advice-giving (Pontoski et al., 2016). This allows for the residents to become empowered with their own ideas. *The result was that cognitive behavior therapy (CBT) administered in a homeless shelter for six months significantly increased the number of discharges, (t (6) = 8.33, p < .001) (Pontoski et al., 2016).*



CLINICAL SIGNIFICANCE

**RECOVERY PROGRAMMING** *Solutions to this problem include not only providing shelter but mental health assistance.* The issue is multidimensional involving socioeconomic variables. The usage of manualized CBT can lead to obtaining goals such as improved social connections, employment and housing..

**ESSENTIALS TO PRACTICE**

**Essential Two:** The essentials focuses on practice improvements in health outcomes directly in line with the DNP project (AACN, 2006). *Outreach is needed for the homeless and additional resources are necessary for their recovery.* Manualized CBT can be useful in crisis maternity homes.

**Essential Seven:** Being aware to prevent possible illness before it occurs is key to a healthy nation (AACN, 2006). Quality physical and mental aligns with objectives from Healthy People 2020: Mental Health and Mental Disorders as well as Maternal, Infant and Child Health (ODPHP, 2020). *Healthcare before and after birth is needed among this population of women.*

**Essential Eight:** Advanced Practice Nurses provide therapeutic interventions (AACN, 2006). *Manualized CBT can be administered by APRN’s.* The population of homeless women and newborns are in need of such recovery programming.

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