Independent Living Skills and Posttraumatic Stress Disorder in Women Who Are Homeless: Implications for Future Practice

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Objective. Service delivery through community-based programs is the future of occupational therapy. This study examined independent living skills, traumatic experiences, and symptoms of Posttraumatic Stress Disorder (PTSD) in a sample of women residing in a supportive housing program for women and families who are homeless in order to determine the needs of this population and the possible role of occupational therapy in such a community-based program.

Method. Twenty-four women residing in a supportive housing shelter in Kansas City, Missouri, volunteered to participate in this study. The participants were evaluated for independent living skills with the Kohlman Evaluation of Living Skills. A structured interview format was used to determine whether participants experienced a trauma and whether they met diagnostic criteria for PTSD.

Results. Results indicated that women who are homeless have deficits in independent living skills, especially in the area of money management. Results also indicated that traumatic experiences and PTSD are more prevalent among women who are homeless than among women in the general population. The relationship between independent living skills and PTSD among women who are homeless was not made clear by this study.

Conclusion. The information gathered in this study underscores the importance of identifying and addressing occupational and mental health issues of women who are homeless. Results suggest that occupational therapists have a major role to play, evaluating and facilitating independent living skills, as members of multidisciplinary treatment teams in supportive housing programs for persons who are homeless.

Homelessness has become a national crisis affecting a rapidly increasing number of women in communities throughout the United States. Rossi (1990) noted that the proportion of women in the homeless population increased from 3% in the 1960s to 20% to 25% in 1990. Bassuk, Browne, and Buckner (1996) recently estimated that one third of the U.S. homeless population is made up of women with dependent children.

The literature suggests that women who are homeless have compelling needs, including mental health and independent living skills, that could be addressed by occupational therapy (Barth, 1994; Drake, 1992; Goodman, 1991; Kavanaugh & Fares, 1995; Mobsy, Mace, & Bartley, 1994; Quinn, 1993; Simons & Whitbeck, 1991). Women who are homeless have a disproportionate amount...
of substance abuse, mood, anxiety, and personality disorders (Bassuk et al., 1996; Koegel, Burnham, & Farr, 1988; Smith, North, & Spitzer, 1993). Although their mental health has been studied, research regarding the level of independent living skills in this population is lacking. Women who are homeless are not functioning independently and are lacking skills to maintain a stable household (Thrasher & Mowbray, 1995). Investigating the strengths and needs of this population with regard to independent living skills would be useful in the definition of occupational therapy's role in community-based treatment and in the development of guidelines for service delivery in supportive housing facilities.

Believing that the phenomenon of homelessness among women must be understood before effective preventive and remedial intervention strategies can be developed, researchers have recently begun to identify factors that increase the risk of homelessness. Conditions implicated as playing a causal role in homelessness among women include economic factors (e.g., low wages, inability to manage funds), societal factors (e.g., scarcity of safe, low-income housing; reductions in public assistance), and personal factors (e.g., lack of social support, substance abuse, mental illness) (Blau, 1992; Kiesler, 1991; Silverstein, 1994; Thrasher & Mowbray, 1995).

Traumatic Experiences and Posttraumatic Stress Disorder

Traumatic experiences have also been implicated as putting women at an increased risk of homelessness (Brown, 1993; D'Ercole & Struening, 1990; Drake, 1992; Goodman, 1991; North & Smith, 1992; Simons & Whitbeck, 1991). Women living in poverty are at a dramatically elevated risk of violent victimization (Brown, 1993). Studies of the prevalence of traumatic experiences in samples of homeless persons have found traumatic experiences to be almost universal; this is consistently reported by approximately 90% of women who are homeless (Bassuk et al., 1996; Blankenertz & Freedman, 1993; Browne, 1993; D'Ercole & Struening, 1990; Goodman, 1991). D'Ercole and Struening (1990) suggested that the prevalence of trauma in this population underscores the need for service delivery programs to respond to the experience of trauma.

There is a growing body of clinical and empirical literature documenting the often profound psychological disturbances seen in many trauma survivors. The psychological effects of these experiences may, in many cases, be more profound and enduring than the physical effects. Browne (1993) suggested that a high proportion of the substance abuse, mood, anxiety, and personality disorders reported in women who are homeless can be accounted for by trauma histories that have not been recognized or understood. The diagnosis of Posttraumatic Stress Disorder (PTSD) requires experiencing or witnessing a traumatic event in which one's own life or the life of another person is threatened and responding to this event with fear, helplessness, or horror (American Psychiatric Association [APA], 1994). Symptoms indicative of PTSD include reexperiencing the traumatic event (e.g., nightmares, flashbacks, distress at reminders of the trauma), avoidance of reminders of the traumatic experience and numbing of emotions (e.g., avoidance of reminders of the trauma, difficulty in recalling aspects of the trauma, detachment from others), and increased physiological arousal (e.g., insomnia, irritability, exaggerated startle response) (APA, 1994).

The high incidence of traumatic experiences reported by women who are homeless is accompanied by an elevated prevalence of PTSD. Smith et al. (1993) found that 34% of the 300 women in their sample, all of whom were homeless, met criteria for a lifetime condition of PTSD as established by the Diagnostic Interview Schedule (Robins, Helzer, Croughan, & Ratcliff, 1981). This prevalence rate was 10 times greater than that observed in women with low incomes who were not homeless and 30 times greater than that noted in women with higher incomes in a community sample in the same city (Smith et al., 1993).

Although the correlational studies evaluating this relationship have not addressed the issue of causality, some have suggested that the psychological consequences of traumatic experiences may play a causal role in the homelessness of an increasing number of women (Brown, 1993; D'Ercole & Struening, 1990). North and Smith's (1992) finding that PTSD preceded homelessness in three quarters of the women in their study supports this assertion. PTSD symptoms may interfere with the ability to perform important tasks of daily living. For example, avoidance and numbing symptoms may be associated with withdrawal from social networks and from involvement in activities.

Role of Occupational Therapy

As the profession of occupational therapy shifts its focus of practice to the community, supportive housing programs are settings in which occupational therapists may play a valuable role in the treatment of persons who have experienced trauma and have deficits in independent living skills (Barth, 1994; Drake, 1992; Heubner & Trysenaar, 1996; Kavanaugh & Fares, 1995; Mobsy et al., 1994). Although service in supportive housing programs has historically been provided by social workers, the literature is increasingly calling for a multidisciplinary team approach to service delivery (Goodman, 1991; Goodman, Saxe, & Harvey, 1991; Quinn, 1993; Thrasher & Mow-
A comprehensive treatment program, such as that advocated by Goodman et al. (1991), may include case management services, substance abuse treatment, educational assistance, vocational rehabilitation, medical care, and psychological and psychiatric evaluation and treatment.

An occupational therapist, who is trained to facilitate the development of the skills that are necessary for living independently, would be a useful addition to such a multidisciplinary treatment team. The independent living skills that are the focus of occupational therapy interventions include not only basic self-care skills (e.g., bathing, grooming, dressing), but also higher level skills (e.g., taking prescribed medications safely and appropriately, filling out banking forms, using public transportation) (Pedretti, 1996). The occupational therapist on a treatment team in a supportive housing program might also assist clients with budgeting, attaining employment, and coping with anxiety.

Purpose
The lack of literature on the level of independent living skills of women who are homeless and on the variables that influence these skills motivated the present study. A related goal was to clarify the role that occupational therapists could play in establishing stability in the lives of these women. This study attempted to answer the following questions: (a) Do women who are homeless have deficits in independent living skills? (b) Are traumatic experiences and PTSD more prevalent among women who are homeless than in the general population? and (c) Is there a significant relationship between PTSD and independent living skills among women who are homeless such that women with PTSD experience deficits in independent living skills to a greater degree than women without PTSD?

Method
Participants
This study was conducted at a supportive housing shelter for women and families who are homeless in Kansas City, Missouri. Women admitted to the shelter typically remain there for several months. In addition to providing assistance with food and shelter, available services include case management, on-site and off-site substance abuse treatment, on-site psychological services, and linkage to psychiatric services, if needed. All 27 women admitted to this program during the 8-month period of this study were invited to participate. They were contacted within 1 week of admission. Twenty-four volunteered to participate, yielding a participation rate of 89%. Of the 3 women who chose not to participate, 2 indicated that they did not wish to make the time commitment to complete the assessment, and 1 reported that she felt uncomfortable discussing her traumatic experiences. The participants ranged in age from 22 to 56 years (M = 35 years). Table 1 presents other demographic characteristics of the sample.

Instruments
The Kohlman Evaluation of Living Skills (KELS) (Kohlman-Thompson, 1992) was used to assess independent living skills. It addresses five basic performance areas: self-care, safety and health, money management, transportation and telephone, and work and leisure. Living skills are assessed with structured interview questions and simulated observation tasks. Respondents are classified as independent or as needing assistance in each of 17 skill areas. This instrument has demonstrated excellent interrater reliability (Kohlman-Thompson, 1992). Concurrent validity has been established by showing that the KELS correlates with other measures of independent living skills (Kaufman, 1982).

A structured interview format (Powell, 1995) was used to determine whether participants had experienced a trauma as defined in the fourth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) (APA, 1994) and whether they met the criteria for PTSD as delimited by the three broad categories of reexperiencing the event, avoidance and numbing, and increased arousal as outlined in the DSM-IV (pp. 428–429).

Procedure
Two occupational therapy students were trained in the use of the KELS and the structured interview format for PTSD. Instruments were administered individually at the supportive housing facility to participants by one of the students or by the first author. Data were summarized and analyzed using the Statistical Package for the Social Sciences (SPSS, 1993) software version 6.0 for Windows.

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Percentage of Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>Race</td>
<td></td>
</tr>
<tr>
<td>African-American</td>
<td>75</td>
</tr>
<tr>
<td>Caucasian</td>
<td>25</td>
</tr>
<tr>
<td>Educational level</td>
<td></td>
</tr>
<tr>
<td>Less than high school</td>
<td>17</td>
</tr>
<tr>
<td>General equivalency diploma</td>
<td>8</td>
</tr>
<tr>
<td>High school diploma</td>
<td>17</td>
</tr>
<tr>
<td>Some college</td>
<td>17</td>
</tr>
<tr>
<td>Two-year college or technical school degree</td>
<td>50</td>
</tr>
<tr>
<td>Employment status</td>
<td></td>
</tr>
<tr>
<td>Employed, full-time</td>
<td>4</td>
</tr>
<tr>
<td>Employed, part time</td>
<td>8</td>
</tr>
<tr>
<td>Unemployed</td>
<td>79</td>
</tr>
<tr>
<td>Disabled</td>
<td>8</td>
</tr>
</tbody>
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Note: N = 24.
Results
Mental health and substance abuse problems were prevalent in this sample. Twelve (50.0%) participants reported having been hospitalized for mental health problems other than substance abuse, and 9 (37.5%) reported having been hospitalized for substance abuse problems. Fourteen (58.3%) reported being in recovery for alcohol abuse, and 16 (66.7%) reported being in recovery for other drug abuse.

With regard to the first question, results suggested that women who are homeless have deficits in independent living skills. Six KELS skill areas, three of which are related to money management, appeared particularly problematic for participants. The percentage of participants lacking sufficient knowledge to perform each of these skills independently (i.e., needing assistance) are listed in Table 2.

Results indicated that traumatic experiences and PTSD are more prevalent among women who are homeless than among women in the general population. Twenty-one (87.5%) participants reported a traumatic experience in which they feared for their own life or the life of another and responded with fear, helplessness, or horror. Fourteen (58.3%) met full diagnostic criteria for PTSD as outlined in DSM-IV, and all but one (95.8%) reported some symptoms characteristic of PTSD.

A one-way chi-square test was conducted to determine whether the prevalence of PTSD in this sample differed significantly from the prevalence of PTSD among women in the general population. Prevalence rates of PTSD from an epidemiological catchment area (ECA) sample in St. Louis, Missouri, were used to estimate the prevalence of PTSD in the general population of women living in a similar urban, midwestern community. Smith et al. (1993) reported prevalence rates of PTSD separately for women in the lowest 20% of reported household income and for women in the ECA sample. These rates were 3.2% for the women with low incomes and 1.3% for the other women. When compared with the low-income sample used by Smith et al., results of the chi-square test were significant, $\chi^2(1) = 235.51, p < .001$, indicating that the proportion of women with PTSD in our study (58.3%) was significantly greater than the proportion of women with PTSD in the study (5.8%) by Smith et al. (1993). Similarly, when compared with the women with higher incomes in the ECA sample used by Smith et al., results of the chi-square test were significant, $\chi^2(1) = 608.43, p < .001$, indicating that the proportion of women with PTSD in our study (58.3%) was significantly greater than the proportion of women with PTSD in the low-income community sample (3%).

No significant relationship was observed between PTSD and independent living skills among women who are homeless. A series of two-way chi-square tests was conducted to evaluate the relationship between PTSD and the six KELS independent living skills on which a substantial proportion of participants demonstrated a need for assistance. None of these tests was significant at the .05 level, indicating that women with PTSD did not differ significantly from those without PTSD on the knowledge component of independent living skills.

Discussion
The results indicated that women who are homeless have deficits in independent living skills and, consistent with previous research, have had high rates of traumatization (Bassuk et al., 1996; Browne, 1993; North & Smith, 1992) and PTSD (North & Smith, 1992; Smith et al., 1993). The finding that independent living skills were not significantly related to PTSD may indicate that there is no relationship between PTSD and independent living skills. Alternatively, the relationship may be masked by the fact that almost all participants reported traumatic experiences and symptoms of PTSD. In addition, the lack of relationship demonstrated in this study may be related to limitations of the KELS to measure independent living skills.

The KELS assesses knowledge needed to perform independent living skills but not the actual performance of living skills in a natural setting. Recent findings on the assessment’s ability to predict performance in natural environments indicated that some persons who are classified as independent on the KELS are not able to perform these skills without assistance in the real world (Brown, Moore, Hemman, & Yunek, 1996). Additionally, the KELS is a screening tool, rather than a comprehensive evaluation, that provides a rough indication of a person’s ability to perform basic living skills. Further, the KELS manual acknowledges that there are items on the assessment that may not be entirely appropriate for persons living in environments with unique living skill demands (Kohman-Thompson, 1992). For example, the money management items with which the participants had difficulty may be problematic because food and housing were

<p>| Table 2 |
|----------------------|------------------|
| <strong>Living Skills With Which Participants Needed Assistance</strong> |</p>
<table>
<thead>
<tr>
<th>Living Skill</th>
<th>Percentage Needing Assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Budgeting for food</td>
<td>83.3</td>
</tr>
<tr>
<td>Budgeting for monthly income</td>
<td>70.8</td>
</tr>
<tr>
<td>Use of banking forms</td>
<td>70.8</td>
</tr>
<tr>
<td>Leisure activity involvement</td>
<td>41.7</td>
</tr>
<tr>
<td>Awareness of dangerous household situations</td>
<td>37.5</td>
</tr>
<tr>
<td>Awareness of appropriate actions for sickness and health</td>
<td>33.3</td>
</tr>
</tbody>
</table>
provided for them at the time of evaluation. Law, Baptiste, and Mills (1995) recommended tailoring assessment methods to the unique needs of clients, and an assessment of living skills that is more appropriate for persons living in a shelter might provide different results from those obtained in the present study.

The small sample size is another limitation of this study. Small size and relative homogeneity of the sample, drawn from a single shelter, limit the generalizability of results to the diverse population of U.S. women who are homeless. Furthermore, the small sample size limited the ability to detect significant relationships among variables.

Implications for Occupational Therapy

There are a number of ways in which homeless clients served by a multidisciplinary treatment team could benefit from the unique qualifications of occupational therapists. Occupational therapists may intervene by providing knowledge needed to perform independent living skills, teaching clients to use these skills, and providing opportunities for practicing the skills they need to function independently upon discharge from the supportive housing program. The finding that the participants had substantial difficulties in money management, a skill that is critically important to independent functioning, suggests that education on and assistance with budgeting and banking are likely to be the specific areas where occupational therapists might intervene.

Given the high prevalence of posttraumatic stress and other psychological symptoms among women who are homeless, the need for mental health care as a component of community-based programs that serve persons who are homeless is clear. In the medical environments in which occupational therapists have traditionally practiced, occupational therapy interventions have often focused on mental health needs. Interventions that have been particularly valued include psychoeducation in the areas of stress management, coping skills and relaxation training, leisure counseling, and self-awareness activities. These interventions could be applied in a supportive housing program.

The high levels of trauma and PTSD in women who are homeless suggest certain intervention strategies. For example, occupational therapists may intervene by teaching personal safety to help prevent revictimization, a common problem in this population. This education may include both knowledge and behavioral components in which persons learn and actually practice safer behaviors. Another area in which occupational therapists might intervene is in helping these women cope with the anxiety and physiological arousal symptoms of PTSD by teaching and helping them practice relaxation, biofeedback, and other coping skills.

Directions for Future Research

The findings of this study point to the need to investigate independent living skills with an assessment that is more naturalistic, more comprehensive, and more tailored than the KELS to persons living in a shelter situation. The use of a more appropriate assessment of living skills in investigating the relationship between PTSD and living skills may demonstrate that PTSD is related not only to knowledge, but also to the performance of living skills or other skills other than those evaluated in the present study.

This research should be replicated with a larger and more diverse sample consisting of persons from multiple settings. The relationships observed in such a sample should also be investigated in men who are homeless and in other community agencies where occupational therapists may intervene.

Given the support for the hypothesis that persons who are homeless are deficient in independent living skills and, thus, in need of intervention in this area, the next step after a more complete evaluation of these skills deficits should be development and evaluation of occupational therapy interventions to increase independent living skills. Research should be conducted to determine the outcomes of such interventions, including outcomes specifically related to independent living skills as well as broader outcomes such as life satisfaction and vulnerability to revictimization and future homelessness.

Conclusion

Independent living skills deficits, traumatic experiences, and PTSD were common in this sample of women who are homeless and may be among the constellation of factors that increase the risk of homelessness in this population. These factors may also increase vulnerability to future homelessness, and intervention to increase independent living skills and decrease PTSD symptoms may serve a preventive function. The results of this study underscore the importance of identifying and addressing occupational and mental health issues of women who are homeless rather than focusing intervention efforts exclusively on housing and employment issues. Several points of intervention were suggested for occupational therapists as part of a multidisciplinary treatment team (psychologists, psychiatrists, psychiatric nurses, social workers) to provide a comprehensive treatment approach within the context of a supportive housing shelter for women who are homeless.

Acknowledgments

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