

THE PREDICTIVE UTILITY OF SOCIAL SUPPORT IN ALCOHOL USE PATTERNS
AMONG THE HOMELESS COMMUNITY

by

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Abstract

During the fourth quarter of 2023, Tarrant County reported 2,658 individuals experiencing homelessness, contributing to Fort Worth's 24th rank among American cities with a 22% increase in homelessness rates over the past three years. Homelessness is frequently linked to substance abuse, a lack of familial and social support, and mental illness. Understanding the factors contributing to alcohol use in high-risk populations, particularly the homeless community, is essential for comprehensive intervention strategies. This study aims to investigate alcohol use patterns and perceived social support levels among the local homeless community to identify potential predictors of detrimental alcohol use behaviors. A 15-minute survey was administered at a local homeless shelter over two 3-hour visits. Forty-eight participants were recruited to evaluate alcohol usage patterns, homelessness information and social support levels. Upon completion of the survey, participants received hygiene kits consisting of toothpaste/toothbrush, comb, soap, deodorant floss, shampoo. Based on data collected from participants, the researcher projects that there will be a strong correlation between social support and homelessness, but not a correlation between alcohol abuse and social support. The projected findings offer insights into the intricate relationship between substance abuse patterns, wellbeing, and homelessness rates. These results can inform policymakers in developing targeted and effective programs to assist homeless individuals within the Tarrant County community.

The Predictive Utility of Social Support in Alcohol Use Patterns Among the Homeless Community

In populations that are at high risk for alcohol use, such as the homeless community, it is important to study potential underlying reasons for such risky behaviors. In this study, the author will be researching alcohol use patterns and perceived levels of social support among the local homeless community, in an attempt to find potential predictors of detrimental alcohol use patterns, such that appropriate interventions can be applied. More specifically, we will study alcohol use in relation to participant demographics, social support, and overall wellbeing. This study will seek to address three primary research questions. (1) Does lower self-reported wellbeing predict greater alcohol use? (2) Does higher social support mediate the relationship between wellbeing and alcohol use? (3) Are there any important demographic predictors of this relationship, such as arrest record, drug history or use of public financial support?

Alcohol issues are widespread among the homeless. Studies employing diagnostic interviews indicate that approximately 60% of homeless individuals have experienced alcohol use disorder (AUD) at some point in their lives, with around 40% currently affected (Koegel et al., 1999). These rates far exceed those found in the general population (Grant et al., 2017). Additionally, research suggests that the prevalence of AUDs among the homeless has been on the rise in recent years. North et al. (2010) found that roughly two-thirds of their homeless participants had consumed alcohol in the past year, mirroring the yearly alcohol usage rate in the general population.

Social support is noted as an important component in recovery from alcohol and drug use (Beattie & Longabaugh, 1997). Social support has not only shown to be predictive in lower substance use after treatment, but studies have also indicated that general social support has an

inverse relationship with alcohol use (Broome et al., 2002). High levels of social support have been linked with positive health outcomes and low stress⁶ levels for people in recovery. People who receive more general support possess higher levels of subjective well-being, which is linked to improved post-substance abuse treatment outcomes (Hyman et al., 2009). Social networks that are larger and include more supportive relationships may promote greater abstinence. People in alcohol recovery also report receiving more general social support when abstinent than when using. Conversely, for individuals in recovery, low social support has been connected to higher relapse rates and greater psychological distress post-treatment (Dobkin et al., 2002). Similarly, less supportive friendships help perpetuate continued alcohol problems for people in recovery.

Purpose

The aim of this research study is to investigate the relationship between social support and alcohol usage within the homeless community. By exploring the intersectionality between these two variables, we seek to understand how social support networks influence alcohol consumption patterns among homeless individuals.

Methods

Measures of social support, alcohol consumption, living circumstance, wellbeing, and basic demographics will be evaluated. A 15–30-minute survey will be administered to individuals and surveys will be conducted on tablets via Qualtrics, as well as a paper option. Two sessions of data collection occurred in February 2024, lasting 2 hours each, at a local homeless shelter. Participants were compensated with a hygiene kit that included deodorant, a comb, toothbrush, toothpaste, floss, a bar of soap, razor, shaving cream and a nail file.

Measures

This research study employs a cross-sectional design to examine the myriad sociocultural factors that impact substance use, homelessness, and overall well-being. Dimensions included social support levels, alcohol consumption, living circumstances, judicial history and basic demographics.

Homelessness

The Lived Experience of Homelessness Survey (Maricopa Association of Government, *Lived Experience of Homelessness survey*) was used to measure homelessness. The measure included 3 questions, probing respondents to answer, “What would be most helpful for you right now in ending your homelessness, check all that apply”, an open ended question asking “What are the three most important things that you need to end your homelessness?” and lastly, a question asking respondents to “Rank on a scale of 1-5 how easy or hard it is to get the following types of help, with 1 being easy and 5 being hard”.

Alcohol Usage

The Alcohol Dependence Scale (Horn et al., 1984; Skinner and Horn, 1984) was used to measure how much alcohol a participant consumed and their dependence on it. Participants are instructed to select the response that best reflects their experiences over the specified time frame given in the question. Responses are scored to provide a quantitative measure of alcohol dependence severity. The ADS includes questions covering a range of domains, including drinking behavior, physical symptoms, psychological effects, and attempts to control or cut down on drinking. Questions inquire about the frequency and quantity of alcohol consumption, experiences of withdrawal symptoms such as tremors and hallucinations, and behaviors indicative of compulsive alcohol use, such as carrying a bottle or experiencing blackouts.

Social Support

Social support was measured by using the Multidimensional Scale of Perceived Social Support (Zimet et al., 1988). Participants were instructed to rate their agreement with each statement on a seven-point Likert scale, ranging from 1 (*Very Strongly Disagree*) to 7 (*Very Strongly Agree*). The scale covers three dimensions of social support:

Family Support. Items 1, 3, 4, 5, 8, and 11 assess the perceived support from family members, including emotional support, availability during times of need, and willingness to help with decision-making.

Friend Support. Items 6, 7, 9, 10, and 12 gauge the perceived support from friends, including their willingness to provide assistance, share joys and sorrows, and serve as a source of comfort.

Significant Other Support. While not explicitly labeled as such in the scale, items 2 and 10 assess the presence of a special person with whom the individual can share joys and sorrows and who cares about their feelings.

Demographics

Lastly, demographics and risk factors were measured using the TCU A-RISKFORM (Institute of Behavioral Research, 2008) The TCU A-RISKFORM comprises twenty questions covering a range of domains including demographics, education, marital status, parental status, incarceration history, employment status, utilization of public financial support, treatment history for mental health, alcohol, and drug use, as well as involvement in the criminal justice system.

Data Collection

Data was collected through the administration of a structured survey. The survey will last approximately 15–30 minutes and was conducted using tablets equipped with Qualtrics software.

Additionally, a paper version of the survey was made available to participants who prefer this method. Data collection is scheduled to occur during the month of November 2023. Researchers will conduct data collection sessions twice, each session lasting 2-3 hours, or as permitted by the availability of the shelter.

Sample

During data collection, our table was set in a central location to where inhabitants and visitors to the shelter could approach our table. Using convenience sampling, residents approached our table to take our survey and were given a hygiene packet upon completion. Using this recruitment method, we were able to obtain 48 responses from various participants. Of the 48, 4 responses were deemed incomplete and unusable.

Results

Demographic data indicated that 72.7% of respondents were male, 41% were African American and 39% self-reported as Hispanic/Latino (Table 1).

Additionally, from the Lived Experience of Homelessness_survey, the question regarding “What would be the most helpful in ending your homelessness”, allowed respondents to check every option that applied. The most popular items chosen from the list were Housing, Hotel Voucher, Phone, Food and Bus Pass (Table 2).

Lastly, a correlational analysis was performed to analyze 3 variables of social support in connection with alcohol use: Friends, Family, and Significant Other. Social support, particularly from significant others, was found to be a significant predictor of alcohol usage within the homeless community ($p < .05$). Moreover, social support from friends was also found to be significant at a p-value of .05 (Table 3).

Table 1*Demographics*

Demographic Variable	Total (<i>n</i>)	Percentage
Sex		
Female	12	27.3
Male	31	72.7
Hispanic		
No	26	59.1
Yes	17	38.6
Race		
Asian	1	2.3
Black	18	40.9
White	15	34.1
Other or unknowns	5	11.4

Table 2*What Would Be Most Helpful in Ending Your Homelessness?*

Variable	Total	Percentage
Housing	33	75.0
Hotel Voucher	24	54.5
Phone	24	54.5
Food	23	52.3
Bus Pass	21	52.3
Identification	20	47.7
Showers	20	45.5
Workforce Placements	20	45.5
Medical Care	19	43.2
Dental Care	19	43.2
Social Security Card	19	43.2
Case Management	19	43.2
Shelter	18	40.9
Hygiene Kits	18	40.9
Mental Health Treatment	18	40.9
Substance Use Treatment	12	27.3
Tent	6	13.6

Table 3*Social Support Correlational Analysis for Alcohol Use*

	<i>b</i>	<i>SE</i>	<i>t</i>	<i>Sig.</i>
Significant other	-1.81	0.885	-2.045	.050
Family	0.338	0.767	0.441	.663
Friends	1.926	0.957	2.014	.053
Financial Assistance	1.664	2.425	0.686	.498
Arrest History	-3.806	2.578	-1.476	.150

Discussion

The findings of the correlational analysis reveal interesting insights into the relationship between various factors and alcohol usage among the target population.

Social Support

Firstly, the significance of social support from a significant other in predicting alcohol usage is noteworthy. The negative coefficient (-1.81) suggests that higher levels of social support from a significant other are associated with lower levels of alcohol usage among individuals experiencing homelessness. This underscores the importance of stable and supportive relationships in mitigating alcohol-related issues within this population. However, it's crucial to note that while the predictive ability of social support from a significant other was significant at a p-value of .05, it is still on the borderline of statistical significance, indicating the need for further exploration.

Contrastingly, the coefficient for social support from friends is positive (1.926), indicating a positive association between social support from friends and alcohol usage. Although the predictive utility of social support from friends was not statistically significant at

the conventional level ($p = .053$), this trend warrants attention. It suggests that while social support from friends may have positive implications in certain contexts, it could also potentially exacerbate alcohol usage problems, particularly if peer groups normalize or encourage drinking behavior.

Financial Assistance

Moreover, the coefficient for financial assistance is positive (1.664), but the association between receiving financial assistance and alcohol usage was not statistically significant ($p = .498$). This indicates that while there is a positive relationship between financial assistance and alcohol usage, it is not strong enough to reach statistical significance. It implies that financial assistance alone may not significantly influence alcohol usage patterns among the homeless population, and other factors may play a more substantial role in determining alcohol consumption behaviors.

Arrest History

Furthermore, the coefficient for arrest history is negative (-3.806), suggesting that individuals with a history of arrest tend to have lower levels of alcohol usage. However, the association between arrest history and alcohol usage was not statistically significant ($p = .150$). This unexpected finding warrants further investigation to understand the underlying mechanisms behind the relationship between arrest history and alcohol usage among the homeless population.

Overall, while social support from a significant other appears to have a significant impact on alcohol usage among individuals experiencing homelessness, the roles of social support from friends, financial assistance, and arrest history are more nuanced and require deeper exploration. These findings underscore the complex interplay of social, economic, and personal factors in shaping alcohol usage behaviors within this vulnerable population. Further research and

intervention efforts are warranted to address these multifaceted dynamics and develop targeted strategies for addressing alcohol-related issues among the homeless community.

Conclusion

In conclusion, this study delved into the intricate relationship between social support and alcohol usage within the homeless community, shedding light on the multifaceted dynamics influencing alcohol consumption behaviors among this population. The findings highlight the pivotal role of social support from significant others in mitigating alcohol-related issues, highlighting the importance of stable and supportive relationships in promoting healthier behaviors. However, the nuanced associations between social support from friends, financial assistance, and arrest history suggest a complex interaction of social, economic, and personal factors influencing alcohol usage patterns among individuals experiencing homelessness.

These insights emphasize the need for holistic approaches to addressing alcohol-related issues within the homeless community, encompassing not only social support interventions but also considerations of financial stability, legal history, and broader systemic factors. Future research endeavors should continue to explore these interrelated variables and their implications for alcohol intervention strategies tailored to the unique needs of homeless individuals. By fostering a deeper understanding of the underlying determinants of alcohol usage in this population, we can inform more effective and targeted interventions aimed at improving the well-being and outcomes of homeless individuals struggling with alcohol-related challenges.

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