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Self-Efficacy of Older Homeless African American Men

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Walden University
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Abstract

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Master of Human Services, Lincoln University, 2011

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Dissertation Submitted in Partial Fulfillment

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Abstract

Older adults in the United States without permanent housing are witnessed living in shelters, cars, and on street corners in many urban centers and older adults now make up a third of the homeless population. There are stressors that may precede, or may result in homelessness, which may also affect older (i.e., age 50 or above) homeless adults' abilities to maintain their self-efficacy, a key to their self- management. This study further explored the lived experiences of self-efficacy among older homeless African American men. A descriptive phenomenological design and individual semi-structured interviews of 10 African American homeless men, aged 50 and older, provided data for analysis to examine and describe the lived experience of how older African American homeless men reestablish themselves in the community and maintain self-efficacy after experiencing homelessness. Additional data for further analysis was collected using the General Self-Efficacy Scale survey and the results were calculated in aggregate. Data were analyzed using thematic content analysis, using open coding, co-coders, and organized using Microsoft Word and Excel. Analysis resulted in several codes and categories that led to developing two themes: experiences related to the loss of self-efficacy and experiences and resources needed for regaining of self-efficacy. Overall, in the survey, participants scored moderately high in having decision-making abilities and self-efficacy at that time and moment. Analysis of data from interviews also showed the need for more support for community agencies to provide outreach services. This study contributes to social change by informing social services program leaders and community advocates for homeless services about the needs of this growing population.

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Dedication

This is dedicated to the sting of death, the intended captivations of depression, anxiety, alcohol and drug addiction, homelessness, poverty, hatred, and every negative aspect, tool and mechanism that the enemy thought would destroy my integrity, confidence, faith, hope, and self-efficacy.

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Chapter 1: Introduction to the Study

The National Alliance to End Homelessness (NAEH, 2018) found, from 2008 to 2016, an increase among vulnerable older adults, aged 50 or older in emergency shelters. Furthermore, this population included more individuals with disabilities than other generations entering the shelters after sleeping on the streets. Many had experienced barriers to obtaining housing, and/or had more of a need for supports and services. The Homeless Management Information Systems (HMIS, 2017) reported that in 2016, 71.2% of adults experiencing homelessness were men, 23.2% were aged 51 to 61, and 33.4% were older than 62 years of age. HMIS also reported how individuals who were homeless and identified as African American or Black increased from 37.2% in 2015 to 38% in 2016; however, gender was not identified by race and ethnicity. In addition to the population growth, van den Berk-Clark and McGuire (2013) showed that extensive, more intense displays of cognitive impairments, such as dementia and psychological or social problems, are experienced by homeless people who are 50 years and older. This vulnerable population has also experienced issues of drug and alcohol use, marital problems and/or low marital rates, and lack of social connections (van den Berk-Clark & McGuire, 2013). These issues may initiate ineffective housing choices leading to eviction, or the abandonment of family and other supportive individuals.

The pathways into homelessness include relationship breakdown, financial insecurity, physical and mental health issues, addiction, lack of social support, unemployment, depletion of living conditions prior to becoming homeless, and barriers to accessing services (Bhogaonker, 2012; Kimbler et al., 2015; Woolrych, Gibson,

Sixsmith, & Sixsmith, 2015). Researchers found that each of these pathways contributed to emotional trauma. Deck and Platt (2015) researched abuse, victimization, and trauma of older homeless men in New York City hospitals. When asked why or how they became homeless, 29% of the men who were studied cited alcohol and drug problems, and 12% identified emotional trauma and mental illness as the primary reasons. Deck and Platt pointed out how the effects of homelessness can lead to psychological trauma primarily because of the stress from losing housing, the conditions and experiences of living in shelters, and the related sexual and physical abuse.

Researchers have identified that the disadvantages of having experienced psychological trauma in this population of older adults warrants specific attention to help homeless people regain and retain a sense of independence and self-efficacy (Brown & Mueller, 2014; Kimbler et al., 2015; Woolrych et al., 2015). There is a need to understand self-efficacy among older African American homeless men to support the move toward self-sufficiency. Moreover, research in this area might contribute to better understand the specific needs of the older homeless men to help them maintain self-efficacy (Brown & Mueller, 2014; Kimbler et al., 2015; Woolrych et al., 2015).

Background

The 1987 McKinney-Vento Homeless Assistance Act defined *homeless* as lacking a regular, adequate, and fixed nighttime residence (Kane, Green, & Jacobs, 2013). Homeless persons included those living in shelters or places unfit for human habitation, such as public transportation places, tunnels, abandoned buildings, bridge underpasses, or park benches (Brown, Thomas, Cutlert, & Hinderlie, 2013; Kane et al., 2013). Woolrych

et al. (2015) defined homeless as the absence of shelter, but also noted that this definition does not include or account for those living in temporary housing. Using the term *hidden homeless*, temporary housing can include moving from place to place and living with relatives or friends. According to Brown et al. (2013), homelessness in the United States is common and affects about 1.5 million Americans every year. The U.S. Department of Housing and Urban Development (HUD, 2016) indicated that individuals experiencing homelessness decreased by 1%, or 3,210 individuals, from 2010 to 2014; however, there was an increase after 2014. Individuals who were unsheltered experiencing homelessness increased by 3%, or 4,398 individuals, during 2015-2016 (HUD, 2016). Over the past 30 years, the age of homeless adults increased from a mean age of 37 years old in 1990 to a new average age of 50 years old in 2010. One-third of the homeless population was 50 years and older in 2003, which continues at a higher rate today, and now includes the second half of the baby boom generation, born between 1954 and 1964 (Brown et al., 2013).

The population of the baby boomer generation, covering those born between 1946 to 1964 is larger than the population of individuals born after 1964 or before 1946 (HUD, 2015b; Petrusak, Perry, & Hassevoort, 2017). A factor that contributed to homelessness of baby boomers was the economic recession during the end of the 1970s and early 1980s (Brown et al., 2013). This recession led to reduced wages for workers who were unskilled, increased rates of unemployment, and the rising cost of housing rentals. Compounding these factors was the crack cocaine epidemic that increased the risk of becoming homeless (Brown et al., 2013). Researchers indicated that older homeless

persons are likely to have suffered from emotional trauma caused by insufficient income and housing, domestic violence, diagnosis of mental health disorders, and substance use disorders (Brown et al., 2013; Kane et al., 2013). As a result, the risk for homelessness may increase because older homeless persons are less likely to maintain self-needs, social demands, and self-efficacy (Bhogaonker, 2012; Brown et al., 2013; Kane et al., 2013). In the literature review in Chapter 2, I discuss research related to older homeless African American men and their self-efficacy.

Problem Statement

Results of existing studies have shown that older homeless people experience a more extensive display of psychological and cognitive impairments, dementia, and lack of social connections compared to older adults with secure housing (van den Berk-Clark & McGuire, 2013). The results of studies across the country have shown that adults age 50 and older appeared to have an upward trend of homelessness. HMIS (2017) showed the percentages of homelessness in specific age groups. The rate of older adults (60 years and older) experiencing homelessness increased from 4.1% in 2010 to 7% in 2016, with adults over the age of 50, making up most homeless adults. According to HMIS, 71.2% of these adults were men living in poverty. Additionally, 38% were Black or African American.

As the number of homeless African American men grows, the accompanying risk factors related to the lack of availability of stable housing will also grow (Petrusak et al., 2017). The events that have occurred during homeless older adults' lives may be affecting the length of time they are now homeless (van den Berk-Clark & McGuire,

2013). Events such as loss of housing, incarceration, lack of education, being in foster care as a youth, effects of drugs and alcohol, loss of employment, marital problems, low marital rates, lack of social connections, or parental separation can lead to older people making ineffective housing decisions. They may be evicted or abandoned by friends, family, and other supports (van den Berk-Clark & McGuire, 2013). Some older African American homeless men try to reestablish themselves by overcoming addiction, focusing on life skills, and entering into recovery programs to help with their self-efficacy (van den Berk-Clark &McGuire, 2013).

According to Brown and Mueller (2014), self-efficacy is a concept derived from Bandura's (1986) social learning theory and social cognitive theory. According to Bandura (1986), self-efficacy is the belief in self, and the capacity to initiate, successfully exercise, and execute the course of life or specific goals. Self-efficacy can be applied to the ability of older adults to make informed decisions and choices for themselves. If older adults lose their housing, they may lose stability, dignity, self-confidence, and self-efficacy, then they are unable to maintain day to day life self-choices, self-care, maintain employment, money management, and maintain housing (Brown & Mueller, 2014) Becoming homeless could be the onset of an emotional trauma making it difficult to retain these capabilities of self-efficacy (Brown & Mueller, 2014). Although the effects of emotional trauma and needs associated with such trauma among homeless older adults have been extensively documented (Bhogaonker, 2012; Brown & Mueller, 2014), I found no research that examined the views and experiences of older homeless African American men who are actively working on reestablishing their housing stability and

their ability to maintain self-efficacy after being homelessness. Further research was warranted to examine the lived experiences of older homeless African American men who are trying to reestablish themselves to determine their means of coping with homelessness, how self-efficacy was maintained, and moreover, identified their special needs and possible supportive services to maintain self-efficacy (Bhogaonker, 2012; Brown & Mueller, 2014).

Purpose of the Study

The purpose of this qualitative study was to explore the lived experiences of older African American homeless men and their self-efficacy. Further investigation helped to understand how self-efficacy is part of moving toward housing security.

Research Questions

The research question was: How do older African American homeless men who are trying to reestablish themselves in the community experience and/or maintain self-efficacy after experiencing homelessness?

Theoretical/Conceptual Framework

At the level of perceived self-efficacy, behavioral situations are influenced by choice settings and activities (Bandura, 1977). Bandura (1977) pointed out how the convictions of people's strengths from beliefs and persuasions are likely to be effective in their lives if people will attempt to cope with the fears of threatening situations. Bandura proposed four sources of information for self-efficacy: (a) "mastery experiences" (i.e., accomplishments and personal performances), (b) "vicarious experiences" (i.e., watching and attaining others' performances), (c) "persuasion" (i.e., supports from others to engage

in activities), and (d) “physiological and affective states” (i.e., emotional and physical responses to personal experiences; p. 195). “Outcome expectancy” is a person’s guess that his or her behavior could lead to a particular outcome (Bandura, 1977, p. 193). Most importantly for this study, “Efficacy expectation” is the belief that a person can achieve or change the behavior successfully to produce effective outcomes (Bandura, 1977, p. 193). Self-efficacy beliefs can either hinder goal setting or facilitate it through self-appraisals, and the stronger the person’s self-efficacy perceptions of his or herself, the more they will be able to set higher goals (Brown & Mueller, 2014). Woolrych et al. (2015) pointed out how, beyond physical and mental health factors of homelessness, self-supporting skills that would safeguard against homelessness in old age are essential, for example, the development and building self-esteem, resilience, self-efficacy, and coping skills.

Thielke et al. (2012) proposed that people’s needs influence their behaviors. Maslow developed five steps for progression of growth and motivation, known as Maslow’s hierarchy of needs, through which an individual should move to achieve self-efficacy (Thielke et al., 2012). These motivational levels of needs are biological and physiological (food, oxygen, water, and constant body temperature); safety and security; love, affection, and belongingness (social); esteem (respect of self and others); and self-actualization, achieving fulfillment from being involved in a cause (Maslow, 1943; Thielke et al., 2012). Thielke et al. pointed out how Maslow’s hierarchy was developed to predict motivation and behavior, building on each level from lowest to highest, and how the highest levels are not achieved until the lowest levels are satisfied.

Thielke et al. (2012) proposed that there should be questions relating to how people choose specific behaviors to engage in, and which behaviors to avoid, or how they are motivated to carry out these behaviors, choosing some behavior actions over others. Thielke et al. wrote that Maslow's model could be used as a conceptual framework that will explain key factors, behaviors, and perceptions of older adults. These two concepts, Bandura's (1977) four sources to maintain self-efficacy and Maslow's hierarchy of needs, are distinct because a person can believe that events can produce specific outcomes. However, if the person has any doubt in his or her performances, the events may not influence effective behaviors to maintain personal self-efficacy (Bandura, 1977). Both are theoretically basic for individuals and will help put into perspective homeless older adults' ability to grow, be motivated, and to maintain self-efficacy (Bandura, 1977).

A central role for this concept of self-efficacy is to provide a basis for analyzing changes in avoidant and fearful behaviors (Bandura, 1977), in this case, older African American homeless men who are trying to reestablish themselves in the community experience and/or maintain self-efficacy after experiencing homelessness. In keeping with the theory of Maslow's (1943) hierarchy of needs and Bandura's (1977) theory of proposed sources related to self-efficacy (Bandura 1977; Thielke et al., 2012), effective decisions making may be beneficial and enhance the lives of these individuals.

The conceptual framework for this study was based on several concepts that explored, examined, compared, and contrasted about the lived experiences of older homeless African American men and their abilities to maintain self-efficacy after homelessness. The mind map in Figure 1 represents various concepts explored through examining the lived experiences of older African American homeless men who were engaging in trying to reestablish their security and self-efficacy. These concepts helped identify with this population's means of coping with homelessness and was able to identify special needs and supportive services that would help them to maintain self-efficacy (Brown & Mueller, 2014).

Figure 1. Conceptual framework mind map. Various concepts explored through examining the lived experiences of older African American homeless men who were engaging in trying to reestablish their security and self-efficacy.

Nature of the Study

The nature of the study was qualitative that employed a transcendental phenomenological approach and explored the phenomenon of self-efficacy in older African American homeless men who were involved in a program for reestablishing housing security. The study design followed methods described by Moustakas (1994). I was guided in my interviews and prior research on self-efficacy and coping (Bosmans et al., 2017). I gathered data from in-depth interviews that created rich descriptions and an understanding of the perceived and lived experiences of older African American homeless men. Martin et al. (2010) described a phenomenological approach as deeply exploring and searching for the meaning of an individual's lived experience with in-depth interviewing to obtain descriptive complex data. A phenomenological study provided answers to address increasingly complex needs as this population of older homeless African American men continues to age (Brown et al., 2013; Martin et al., 2010).

Based on the model described by Moustakas (1994), transcendental phenomenology as the methodology for this study provided an opportunity to gather a rich description of older homeless African American men's perceived phenomena of homelessness, and abilities to maintain self-efficacy. The goal was to analyze these descriptions as answers to a core significant *why* question (Coy et al., 2015). Moustakas indicated that this unique approach has an analytic strategy called "epoche," which is a process of being able to put aside prejudgments, preconceived ideas, stereotypes, and biases about the participants and the phenomenon (p. 9). By using the epoche process, I

was able to set aside my preconceived thoughts and perceptions from the data analysis. I inspected the data as if seeing it for the first time.

For this study, I used criterion sampling to purposively select participants who fit the criteria of the phenomena. (Rudestam & Newton, 2015). I wanted to purposively select a sample size of 15 homeless African American men, age 50 and older, who were in transition for housing and were participating in housing programs located in a city in the Northeastern United States.

I conducted sequential individual interviews, collected narrative data, and analyzed the data by categorizing, coding the data, examined and explored themes that emerged from the in-depth interviews (Moustakas, 1997). In using the transcribed data, I made journal notations to assist with identified codes and themes. I established reliability, credibility, and validity using thematic analysis techniques. Researchers have used thematic analysis to examine their interviewed transcripts by co-coding and discussing emergent themes coded by additional persons who would help identify any missed themes (Patterson et al., 2012). The line-by-line reviews also assisted in finding the elements across reported events based on the experiences of the participants (Saldana, 2015).

As a doctoral student, I was required to obtain approval from Walden University's Institutional Review Board (IRB) prior to collecting any data or recruiting participants. I reviewed the requirements for conducting ethical research, including procedures to assure I fully informed participants about the purpose of the study and the completion of certification protecting human research participants (see Patterson et al., 2012). I was also

knowledgeable about the requirement to inform participants of the voluntary nature of the study and their ability to withdraw at any time without consequence along with a statement of confidentiality. According to the National Organization for Human Services (2015), everyone involved in a study should be aware of the legal and ethical requirements, including the rights to privacy, and measures are taken to assure confidentiality.

Definitions

The following definitions are provided to ensure uniformity and understanding of these terms throughout the study.

Chronically homeless: HUD, as recorded in the Federal Register (2015b), has defined a "chronically homeless individual" as an individual with disabilities, (loss of income, mental disorders, drug and alcohol.) who

> (i) Lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and (ii) (ii) Has been homeless and living as described in paragraph (1)(i) of this definition continuously for at least 12 months or on at least four separate occasions in the last 3 years, as long as the combined occasions equal at least 12 months and each break in homelessness separating the occasions included at least 7 consecutive nights of not living as described in paragraph (1)(i). (Petrusak et al., 2017, p. 516)

Hidden homeless: A person living in a temporary accommodation, moving from place to place, sleeping on the couches of relatives and/or friends, are considered hidden because there is no knowledge or access to supports or services (Woolrych et al., 2015).

Homelessness: There are several meanings for homeless under the amended McKinney-Vento Homeless Assistance Act (2009) S. 808 — 111th Congress, Sec. 3: (a) "In general - For purposes of this Act, the terms homeless, homeless individual, and homeless person means:"

(1) an individual or family who lacks a fixed, regular, and adequate nighttime residence;

(2) an individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground;

(3) an individual or family living in a supervised publicly or privately-operated shelter designated to provide temporary living arrangements (including hotels and motels paid for by Federal, State, or local government programs for low-income individuals or by charitable organizations, congregate shelters, and transitional housing);

(4) an individual who resided in a shelter or place not meant for human habitation and who is exiting an institution where he or she temporarily resided;

(5) an individual or family who—

(A) will imminently lose their housing, including housing they own, rent, or live in without paying rent, are sharing with others, and rooms in hotels or motels not paid for by Federal, State, or local government programs for low-income individuals or by charitable organizations, as evidenced by—

(i) a court order resulting from an eviction action that notifies the individual or family that they must leave within 14 days;

(ii) the individual or family having a primary nighttime residence that is a room in a hotel or motel and where they lack the resources necessary to reside there for more than 14 days; or

(iii) credible evidence indicating that the owner or renter of the housing will not allow the individual or family to stay for more than 14 days, and any oral statement from an individual or family seeking homeless assistance that is found to be credible shall be considered credible evidence for purposes of this clause;

(B) has no subsequent residence identified; and

(C) lacks the resources or support networks needed to obtain other permanent housing; and

(6) unaccompanied youth and homeless families with children and youth defined as homeless under other Federal statutes who—

(A) have experienced a long-term period without living independently in permanent housing,

(B) have experienced persistent instability as measured by frequent moves over such period, and

(C) can be expected to continue in such status for an extended period because of chronic disabilities, chronic physical health or mental health conditions, substance addiction, histories of domestic violence or childhood abuse, the presence of a child or youth with a disability, or multiple barriers to employment. (Govtrack, 2017, ps. 4-6).

Older homeless adults: Older meaning, they are in their early to mid-50s. As this population tend to show physical and cognitive signs of aging approximately 10 years earlier than non-homeless adults, " recent estimates suggest that older homeless adults represent between 10% to 15% of the total homeless population in the United States." (Rothwell, Sussman, Grenier, Mtott, & Bourgeois-Guerin, 2017, p. 72).

Lifetime traumatic experiences (LTEs): According to the American Psychiatric Association (2013), LTEs are inclusive of the following experiences: threat of serious injury or death, direct personal experiences of victimization, experiencing serious injury, , personally witnessing an event that involves death or serious injury/threat to another person or learning of a serious injury or death occurring to a loved one. "LTEs capture both directly experiencing or witnessing a traumatic event, and LTEs may occur in childhood or adulthood." (Pettus-Davis, Renn, Lacasse, & Motley, 2018, p. 1)

Phenomenological (Husserlian) perspective: This perspective is defined as a reflection of a conscious phenomenon that views a person's consciousness as an openness, "temporal flux." In other words, as a person relives experiences from the past the conscious mind can link together imperative moments to the future, presenting possible perspective of the future. The consciousness is linked to every moment to its past back to the future, and the present moment (Henriques, 2014, p. 452). This phenomenological perspective is relevant to this research and can possibly help understand the origins of homelessness and traumatic factors, and may hinder self-efficacy for older African American homeless men.

Phenomenological epoche approach: This phenomenological approach does not eliminate, deny reality, or doubt everything, yet, it explores the authenticated attitude and phenomenon of the person being studied, removing everyday biases for the real truth from firsthand knowledge of things from external bases instead of internal meaning and reflections of self (Moustakas, 1994, p. 26).

Posttraumatic stress disorder (PTSD): A disorder consisting of anxiety triggered by memory, or anything that relates to a traumatic experienced event, such as, threats or events of being abused, physically, sexually, emotionally, or of injury, or death. PTSD cause seems to be unknown, which is why certain events are traumatic for specific individuals, not everyone. PTSD is known to change a person's response toward stress affecting chemical imbalance and hormones when relived, which can negatively affect day to day activities causing avoidance, sleep disorders, nightmares, anger, and other types of nervousness (NAEH, 2016).

Self-authenticity: A sense of being consistent with self-values and being "true" to one's beliefs (Parker, Reitzes, & Ruel, 2016, p. 203).

Self-efficacy: A person's beliefs about his/her capacity to initiate, pursue, perform, and successfully execute specific tasks, courses of action related to specific goals directly affecting his or her behavior and way of life. This includes having a sense of control over one's environment and having a sense of being able and willing to influence others and the outcomes of social interactions and social situations **(**Bandura, 1977; Brown & Mueller, 2014; Parker et al., 2016).

Stigmatization: This is when people feel threatened by another group and/or when other people categorize people who are homeless as no longer valuable and/or efficient members of society because they are no longer actively working and supporting themselves nor the system (Belcher & Deforge, 2012).

Transcendental phenomenology: Moustakas (1994) uses Husserl's (1977) meaning indicating that transcendental phenomenology is not just to acknowledge human experience, it is to emphasize the science of possibilities that can be carried out with "systematic concreteness." Transcendental phenomenology makes possible the empirical sciences of actualities; of which it is intimately based on the concept of intentionality (p. 25 chp4; p. 72).

Delimitations

There are many homeless persons accounted for across the United States during the coldest nights of the year. HUD requires all cities receiving federal funding account for the number of homeless persons every two years within their own areas (Petrusak et al., 2017, p.516). Persons are found living in unsheltered areas, abandoned houses, cars, buildings, or emergency shelters, presenting as "chronically homeless" (p. 516). As previously mentioned, elderly (over age 60) homeless persons increased from 4.1% in 2010 to 7% in 2016, with older (over age 50) adults making up the majority, and two-thirds (71%) of these adults were men, with 38% being African American, which is increasing as this population age (HMIS, 2017, p.28).

This study included only a purposive selection of older African American homeless men participating in a homeless program in a single geographic area. The

objective was to understand the phenomenon and lived experience of how do older (age 50 and older) African American homeless men experience and/or maintain self-efficacy while experiencing homelessness. Women and men under the age of 50 were not included in the study. This inquiry was conducted using in-depth interviewing and did not include enough data to determine generalizable results.

Limitations

The following were possible limitations because the originally planned sample size was not available. To compensate for the smaller sample size, the participants of one housing program were diverse in age, culture, and ethnicity; however, having only one location to select the participants from was a limitation. Therefore, I was open to adding participants from that location that met the central criteria for interviews, and I found through their participation other categories to include in their experiences such as experience with abuse. It was easier to decrease the total number of participants and expand the categories and criteria of experiences so that the sample of participants needed in order to represent effective criteria saturations achieved expected results (Henriques, 2014).

Significance

Expected growth in the population of older homeless African American men warrants attention (Hearth, Inc., 2011). The significance of this qualitative phenomenological study is that results would increase awareness, knowledge, and understanding of older homeless African American men. It will contribute new information to help improve direct services to this population by caregivers. The study

results promoted more dialogue and discussion about treatment, therapy, and other services that would help this population find the means and ability to enrich self-efficacy (Bhogaonker, 2012; Brown & Mueller, 2014). Understanding the lived experiences and perceptions of older African American homeless men also added to the body of knowledge on the larger picture of homelessness. New awareness of this phenomenon shed light on the types of supports required to help respond to the needs of this population. How to maintain self-efficacy will be valued by older African American homeless men's perspectives about social and family aspects (Brown & Mueller, 2014).

Summary

Homelessness among the older adult population is growing (Petrusak et al., 2017). As previously mentioned, studies have shown that this population displayed intense and extensive cognitive impairments, dementia, psychological and social problems. The effects of alcohol and drug use, marital problems, and lack of social connections that contribute to ineffective housing decisions have led to evictions, abandonment, and homelessness (van den Berk-Clark & McGuire, 2013). HMIS (2017) showed that of the older adults experiencing homelessness, 71.2% of homeless individuals were over the age of 50 and are men, and 38% (nearly 4 in 10) were African American men.

As this population of older African American homeless men continues to grow, so do the situations that may be contributing to their experiences of trauma (Petrusak et al., 2017). Coping with trauma may result in diminished mental health, substance abuse and helplessness that impacts capacity to maintain self-efficacy and stable housing (Petrusak et al., 2017). According to van den Berk-Clark and McGuire (2013), events that may

have occurred prior to or during the experiences of homelessness among this specific population are contributions to traumatic effects that may affect perceived self-efficacy. Brown and Mueller (2014) indicated how homelessness can be by itself the onset of emotional trauma, making it difficult to retain the capabilities of self-efficacy. Again, if this specific population lose their housing, they may lose stability, dignity, self-confidence, and self-efficacy. These are factors preventing the ability to maintain day-to-day life self-choices, self-care, employment, money management, and housing (Brown & Mueller, 2014). This research was to examine older African American homeless men who are trying to reestablish themselves in the community experience and/ or maintain self-efficacy after experiencing homelessness.

Chapter 1 presented the introduction, statement of the problem, research questions, conceptual and theoretical frames works, the definitions of terms, and significance of this study. Chapter 2 provides a literature review related to the problem. It entails information about homelessness among older adults, homeless African American men, emotional trauma, posttraumatic stress and homelessness. Transcendental phenomenological methods can provide data on how the effects of post-trauma can contribute to homelessness and/or the effects of homelessness contributing to emotional trauma, maintaining and not maintaining self-efficacy. Chapter 3 presents the methodology and procedures used to gather data for the study. Chapter 4 provides discussion of the results of the analyses and findings from the study. And lastly, Chapter 5 summarizes the study, findings, limitations of the study, conclusions drawn from the findings, and recommendations for further study.

Chapter 2: Literature Review

Introduction

Self-efficacy is the belief in self, and the capacity to initiate, successfully exercise, and execute the course of life or specific goals; it is a concept derived from Bandura's (1986) social learning theory and social cognitive theory (Brown & Mueller, 2014). Self-efficacy can be applied to the ability of older adults to make informed decisions and choices for themselves. If older adults lose their housing, they may lose stability, dignity, self-confidence, and self-efficacy (Brown & Mueller, 2014). Although the effects of emotional trauma and needs associated with such trauma among homeless older adults have been extensively documented (Bhogaonker, 2012; Brown & Mueller, 2014), I found no research on homeless older adults' views and experiences about their ability to maintain self-efficacy after the emotional trauma of homelessness. Further research is warranted to examine the lived experiences of older homeless adults, aged 50 years and older, to maintain self-efficacy (Bhogaonker, 2012; Brown & Mueller, 2014).

In this chapter, I present a review of the literature related to the topic of this study. After a description of the literature search strategy, I discuss research relevant to the theoretical and conceptual foundation. The literature review is organized into four sections. The first provides background literature on homelessness. The second section is an examination of homelessness among older adults, underlining population size and growth. The third section will review the types of emotional trauma caused by homelessness. The final section provides literature on the importance of self-efficacy in older homeless adults' quality of life. I also examined interventions that may enhance

self-efficacy and help reduce the negative effects of emotional trauma, as well as a design methodology that will be used.

Literature Search Strategy

To find relevant literature to review for this study, I primarily used the Walden University Library databases. Under Human Services and Social Work, I searched and reviewed these databases: SocINDEX with Full Text; PsycINFO; and Social Work Abstracts. Under Psychology, I searched through SAGE Journals (formerly SAGE Premier). I also reviewed and searched Google Scholar and the database Dissertations & Theses @ Walden University, which contained full text of dissertations and theses written mostly by Walden students. I searched for peer-reviewed journal articles using keywords such as *older adult homelessness, homelessness in older adults, trauma from homelessness, trauma causing homelessness, homeless men, homeless women, self-efficacy, self-efficacy after homelessness,* and *self-efficacy after trauma events.* I used other related keywords about chronic homelessness, factors leading to chronic homelessness, and factors contributing to homelessness, but there were no differences in research results. I also searched for pertinent information through the websites of HUD, the Project Home Organization in Philadelphia, NAEH, and the Pennsylania Department of Economic and Community Development.

Literature Review

Homelessness

According to the Stewart B. McKinney Act, 42nd United States Congress, a person is considered to be homeless when lacking a fixed, consistent, and adequate

residence at night and day, a supervised privately or publicly operated housing designed to provide living accommodations, an institution providing temporary housing for individuals who are to be institutionalized, or a private or public place that is not used for human beings as sleeping quarters (Amato & MacDonald, 2011). According to Amato and MacDonald (2011), being homeless became a political issue in the 1980s, indicating how politicians and legislators stressed that federal agencies and advocators for homelessness began to count or estimate the number of homeless people. HUD was ordered to produce these numbers in 1984 by the Reagan Administration (Amato & MacDonald, 2011). Hypothetically, homeless men and women are recognized by their appearance being disheveled, displaying unusual behavior or being intoxicated, and are visibly seen on street corners, sleeping on benches in most any urban city and rural community (Amato & MacDonald, 2011). However, there are also people living under circumstances that may not seem related to this definition of homelessness. Amato and MacDonald pointed out that although there are shelters accessible in most cities, there are none nearby in rural settings indicating that being homeless can also mean living with relatives in overcrowded housing, which can also affect the count of how many people are homeless and why.

The HUD (2016) and NAEH (2016b) estimated that within the United States in January 2015, there were 564,708 people experiencing homelessness, that is, dwelling outside or in emergency shelters or transitional programs for housing. NAEH (2016b) researchers found that 33 states and the District of Columbia (DC) reported a decrease in their overall homeless reports, and 16 states reported increases. Despite the overall

decrease of unsheltered homelessness, NAEH reported that 18 of the states reported an increase in people living doubled up with crowded family and friends and not unsheltered, yet still considered being homeless; these states were mostly reported from the South and Midwest (NAEH, 2016b). NAEH also found that, in 2015, homelessness fell to 17.7 per 10,000 people from 18.3 in 2014 in the general population, and that in subpopulations, there were reported decreases of family homelessness in 33 states and DC. Furthermore, HUD (2015) reported that 64%, or 358,422 individuals, were identified chronically homeless in 31 states and DC, 205,616 were staying in emergency shelters or transitional housing, and 152,806 were estimated being in unsheltered locations. People in homeless families with children were among the remaining 36% (206,286 people); most were sheltered (185,824); whereas 20,462 were in unsheltered areas (HUD, 2015). Among these homeless populations are many poor and older people, and they are more at risk of being homeless because of being unable to afford housing and burdens of housing cost, unemployment struggles, and people living in situations of being doubled up with family and friends (NAEH, 2016). NAEH found that there were 7 million people living in poor households doubled up, which decreased the reported number of homeless individuals, but was a factor leading toward becoming homeless, and this rate is 52% higher than in 2007 prior to the recession.

The Pennsylvania Department of Community and Economic Development (DCED; 2016) reported that there are over 15,000 Pennsylvanians homeless on any given day. When searching for the numbers of homelessness within Philadelphia Pennsylvania, Project Home (2016) pointed out how it is difficult to calculate exact numbers of people

who are homeless living on street corners, in cars, transportation centers, or abandoned buildings or other places that are not for human inhabitance. Each year outreach organizations encounter more than 5,500 individuals living in these situations calculating that about 2,000 accessed shelters, where many are turned away, or the individual refused to use these shelters (Project Home, 2016). The calculations of homeless people fluctuated seasonally and seemed to have increased during the warmer months as demonstrated in Figure 2 (Project Home, 2016).

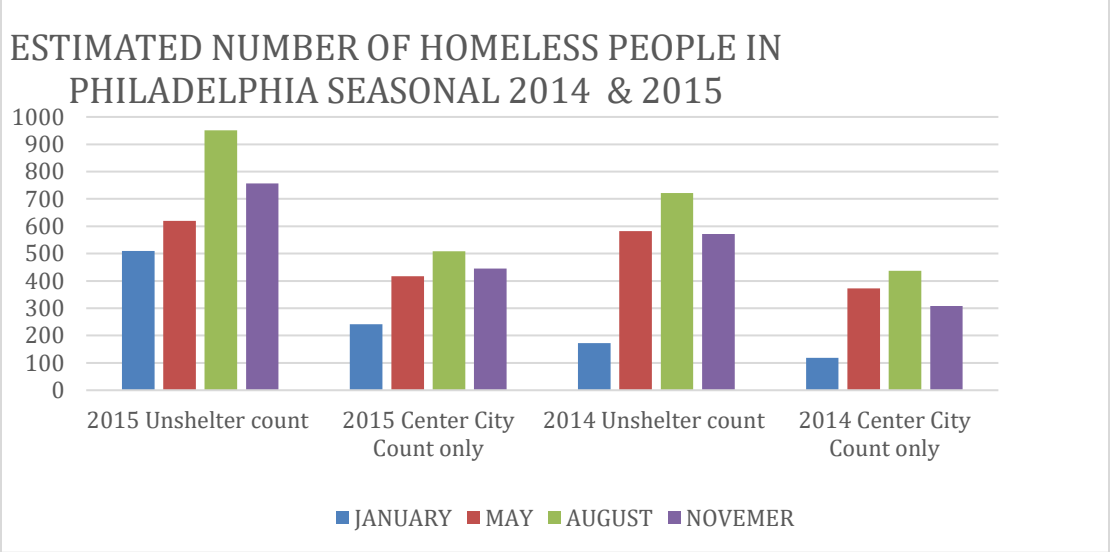

Figure 2. Estimated numbers of homeless people in Philadelphia 2014-2015. Other areas in Philadelphia have not been covered during historical counts but were included in the unsheltered counts. This resulted in an increase in the overall street count. From "Facts on homelessness," by Project Home, 2016, Retrieved from https://projecthome.org/about/facts-homelessness

Pennsylvania's DCED (2016) also pointed out how homelessness continues to be an issue in many of the Commonwealth communities, and that there are Emergency Solutions grants administered to homeless services across PA, as well as HUD's Continuum of Care programs. Furthermore, the Commonwealth provides several

programs to aid the needs of homelessness through the Department of Human Services, such as Pennsylvania Transition to Home program (PATH), Journey of Hope program, Housing Assistance Programs (HAP), and SOAR, yet homelessness is vast and perpetuating (DCED, 2016). Additionally, millions of adults 50 years and older are believed to be homeless within the United States (DCED, 2016; Kane et al., 2013).

Homelessness Among Older Adults

Although there are homeless people of various ages, men and women over the age of 50 with a history of homelessness are in greater risk for chronic homelessness than some who may only experience homelessness for days to months at a time (Kane et al., 2012). Older adults are considered between the age of 50 years and older, with an average of 64 years life expectancy, having extra comorbidities, and emergency usages (Stone, 2016). Homeless older adults are more likely to experience longer periods of homelessness than younger adults ages 18-45, with older adults' attributes of injuries, substance abuse, illnesses, poverty, foreclosures, trauma, and the recession of 2008-2009 being factored in contributing to an increase in the number of older homeless adults (Kane et al., 2012). According to Culhane and Byrne (2013), older homeless adults are increasing in number from 23% in 2007 to 28% in 2011, which was a 5% increase. Hearth (2011) reported that the population of older homeless adults, ages 45-64 years old, had grown 31.5 % from 2000-2010, mostly due to what is called the baby boom generation, people born from 1946-1964. These same trends have been viewed among people who are experiencing homelessness as older adults ages 50 years and older (Hearth, 2011; Stone, 2016).

According to Stone (2016), many individuals in the population of adults over the age of 50 will not become a part of the growing population of individuals age 65 years and older. Older homeless adults have a mortality rate three to four times higher than the general population because of mental health issues, substance use disorders, and the lack of physical health needs, which are not being cared for, are combinations associated with homelessness (Stone, 2016). Culhane and Byrne (2013) reported that life expectancy for single, older homeless adults are 64 years of age for males, and 69 years for females. Moreover, as this population of older homeless adults age 50 years and older reaches their maximum life expectancy years, so will the cost of health care increase. The increase cost of health care may be a contribution to homelessness with predictions of 86,358 homeless adults and cost of $2.31 billion in 2020, and 90,513 and homeless adults, and cost of $2.41 billion in 2025 (Culhane & Byrne, 2013).

Timing seems to be the key for this growing population of older homeless adults (Hinderlie, 2014). Hinderlie (2014) reported how outreach programs are consistently reaching out to older homeless adults in the streets and in shelters, indicating that in the past four years before this study prevention services had been offered as well as placement in permanent housing for older adults with 94% retention rate nationally. However, the use of prevention and rapid rehousing may still be at risk from funding cuts and lack of affordable resources (Hinderlie, 2014; Stone, 2016). Hinderlie pointed out the need to increase supply of supportive housing and the missing component of supportive housing being affordability by chronically homeless older adults. Hinderlie (2014) also reported that there was no current funding for affordable assisted living, and other

problems previously mentioned, financial, job loss, mental and physical health issues, substance use, and not mentioned are estrangement, and other life crises, makes it difficult to find and maintain housing. Older homeless adults only see the issue as not having proper housing and fail to see that there are multidimensional problems and other influences, mental health, physical health, poverty, emotional trauma, of which cannot be resolved alone (Woolrych et al., 2015). All these issues previously mentioned are contributors leading to homelessness (Woolrych et al., 2015).

Older homeless adults responded in surveys about these problems being barriers to obtaining and maintain housing (Hinderlie, 2014). According to Hinderlie (2014), 939 homeless adults responded to questions about the following problems in relations with homelessness: (a) identified lack of income (50%); (b) criminal backgrounds, literacy issues, and lack of support for housing, employment, and health care (22%); (c) mental health issues (52%); and (d) past or current substance abuse (47%), with 96 of the respondents indicating current use of illicit drugs. Hinderlie pointed out that with older homeless adults with physical illnesses, those issues are closely related to people's health issues who are 65 and older. These issues are inclusive of hypertension, COPD, asthma, and depression. Other challenges to housing for older homeless adults are (a) lack of knowledge or the know how to access resources, (b) finding it difficult to maneuver electronic systems, such as computers, texting, emails, (c) not wanting to, or being prideful about, asking for help, (d) trust issues, (e) some have given up, and (f) not enough affordable housing as previously mentioned (Hinderlie, 2014; Stone, 2016) Furthermore, stigmatization and exclusion about the emotional trauma, physical, and

mental health issues for older homeless adults experiences can make these challenges worse (Woolrych et al., 2015).

Many older homeless adults experience stigmatization, which hinders them from seeking and getting the help that they need (Woolrych et al., 2015). There are negative perceptions and stigmatizations about being homeless; society seems to perceive homeless people as being unreceptive and responsible for their own situations (Woolrych et al., 2015). This is damaging for older homeless adults' feelings causing a sense of low self-esteem, feelings of depersonalization, and having emotional trauma (Woolrych et al., 2015). Woolrych et al. pointed out how experiential research with older homeless adults shine light on the challenges from these negative perceptions highlighted the construction of homeless identities being positive, whereas, those without housing may be able to redefine a stronger self and retain a positive attitude for life. However, older homeless adults are viewed as being weak, vulnerable, physically, sexually, and cognitively ineffective.

Woolrych et al. (2015) also indicated that other researchers viewed how homeless people became comfortable with being homeless and made their home on the city streets as his or her way of life. This population interacts and socializes with other homeless people being attached to a special place and spaces. In agreement with previously, mentioned data, Woolrych et al. reported that even service providers identified with the association of various and complex mental health and addictions among older homeless adults as pathways into homelessness. These associations include emotional trauma, anxiety, depression, disabilities, dementia, and the substance and alcohol use disorders,

compounded by physical illness, such as dental problems, sensory impairment, skin and musculoskeletal problems, and heart and digestive issues (Woolrych et al., 2015; van den Berk-Clark, & McGuire, 2013). Homeless older adults prioritized street survival before seeking assistance for health issues, and the issues with the delaying of treatment expedite the processes of aging, especially with long-term homelessness (Woolrych et al., 2014; van den Berk-Clark, & McGuire, 2013). Moreover, older homeless adults exhibiting signs of aging due to these mental, physical, and emotional factors, are seen as vulnerable, but are not eligible for services that are opened to others 65 years and older. This also includes financial support (Woolrych et al, 2015; van den Berk-Clark, & McGuire, 2013). Woolych et al. concluded this population should not be stigmatized or separated from the rest of the world or society, but should be included where self, personhood, and agency are negotiated and constructed as a fundamental part of society.

Emotional Trauma, Posttraumatic Stress, and Homelessness

Studies of emotional trauma and homelessness to date have focused on women. However, the research study by Whitbeck, Armenta, and Gentzler (2015) helped explain how the influences of traumatic events of adult women experiencing homelessness are significantly related. Whitbeck et al. pointed out how results showed that street victimization, housing problems, food insecurities were significant criteria for PTSD within a year and that variables of past events influence lifetime PTSD; e.g., childhood trauma, sexual assault, domestic violence, and other traumatic events (Whitbeck et al., 2015). Whitbeck et al. (2015) pointed out how PTSD among women experiencing

homelessness are at a higher rate than women in a general population, and that just like combat stress can trigger PTSD and homelessness.

Deck and Platt (2015) stressed that homelessness is and can be traumatic, that an emerging best practice would be trauma-informed care. Structured interviews on 152 homeless men examined trauma, of which a PTSD Checklist (PCL-C) was used and suggested that 23% - 30% were positive for PTSD (Deck & Platt, 2015). The men with positive PTSD had been homeless the longest, meeting the criteria for chronic homelessness being reported having violent attacks, mental health problems, and abuse histories (Deck & Platt, 2015). Homelessness is not a new problem and has grown to be worst. It has more complex factors that are significant to trauma, not mentioned are intrinsic and interpersonal factors such as domestic violence, along with the mentioned mental illness and substance use disorders. This could persist even after housing has taken place (National Law Center on Homelessness and Poverty, 2013).

Emotional trauma or post-traumatic stress are considered to be a critical component and prevalent to people experiencing homelessness and is connected in three ways: (a) PTSD as the result of veterans experiences in combat when exiting the military service has led many veterans to homelessness, (b) traumatic events during homelessness can cause PTSD, such as victimization, and (c) when the traumatic event is the act of becoming homeless itself, it has and could cause PTSD (National Alliance of Ending Homelessness, 2016). NAEH (2016a) indicated how being homeless compounded by other traumas prior and during homelessness can be challenging for both the mental health disorders and drug and alcohol disorders. Becoming homeless, the loss of stable

shelter, accustomed routines and social roles, along with the loss of family connections are just a few things that can cause emotional trauma (NAEH, 2016a).

There are also the ongoing stressors of finding food and shelter for those who had pre-existing mental or behavioral health issues, and/or a history of trauma, which can all lead to emotional and post-traumatic stress as a result of homelessness (NAEH, 2016a). What is more significant and the greatest challenge for people suffering from emotional trauma and PTSD as a result of homelessness is that the stress, and emotions may not manifest until after a person is housed, which is why it is post-traumatic (NAEH, 2016a). When the trauma is over, the symptoms begin; therefore, obtaining housing is not enough, it will be essential to challenge or confront the trauma of those experiencing homelessness sooner than later (NAEH, 2016). After an episode of being homeless, it is important to provide ongoing support and psychological services to assist older homeless adults after being housed and facing daily challenges living with the emotional trauma or post-traumatic stressors (NAEH, 2016a).

When defining homeless, there are many transitions that have classified what it means to have no dwelling or shelter to live in (Woolrych et al, 2015). This does not include “hidden homelessness” (p. 238), which are people who reside at various places, sleeping from couch to couch, day to day, or with family and friends. People who are a part of this hidden homelessness are hidden because they are not using or accessing the supports or resources at hand. Woolrych et al. (2015) found that about 80% of the homeless do not all live on the streets, and how they have temporary shelter but not a place to call home (p. 238). Moreover, Woolrych et al. pointed out that 48% of older

homeless persons who have been homeless over a year are considered long-termed, of which about 53% of the older homeless persons failed to settle in homeless shelters. When examining the paths of older homeless persons, most likely there have been more than one episode of homelessness in their lives, which suggests that sheltered accommodations or permanent supports are not providing long-term needs for older homeless adults (Woolrych et al). The criticism of support services for older homeless adults seemed to look at needing housing as the one issue, and not at the multidimensional problems that influence homeless (pg. 239).

All these complex factors and interactions in older adult's lives make it difficult and challenging to create services and supports designed to address the major causes leading to homelessness, such as providing housing without addressing the addiction, or mental health needs that cycles back to being homelessness (Woolrych et al., 2015). Woolrych et al. pointed out that discussions are needed to understand these challenges to help prioritize strategies and support services for this aging population of older homeless adults. Such discussions could provide understanding in the city of Philadelphia, where research was conducted with older homeless adult men that identified an increased use of hospital emergency departments, an increase in mortality rates, unused services, and unused supports from recovery housing and other provided services (Metraux et al., 2016; Mericle, Miles, & Cacciola, 2015; More & Rosenheck, 2016; Schinka et al., 2015).

Previously mentioned in Chapter one, identifying the number of homeless persons in Philadelphia is a challenge, according to the Pennsylvania DCED (2016), because there are more than 15,000 homeless persons reported on any given day. It is difficult to

acquire exact calculation of who are homeless living on the streets, or other places not fit for human inhabitance (Project Home, 2016). Outreach services encounter thousands of homeless people living in such situations when there are thousands of shelters to accommodate them, but many are turned away because of over crowdedness, or many do not access these shelter services, or the emergency departments at all (Project Home, 2016).

More and Rosenheck (2016) researched how older homeless adults used the emergency department (ED) in an extensive manner. The study examined chronically homeless persons, and the factors associated with high and moderated ED usage. Using 11 ED sites with a regiment of 755 homeless persons, sociodemographic statuses of housing, health, and services factors that were associated with the high and moderate ED use (p. 1340). Within a three months' time period, moderately 30% homeless persons went to the ED once or twice, for high ED use, and 12% went three or more times (p. 1340). The ED was essentially used for problems of poor health, non-ED services, and housing status. More and Rosenheck (2016) concluded that the increased ED use was related to psychiatric and medical morbidity with greater use of services not emergency related. Also, homelessness and housing instability was a contribution to increased ED use, indicating that more prearranged services would better address the intricated housing, medical, and psychiatric needs of chronic homeless persons, and could lead to a lower rate of deaths (More & Rosenheck, 2016, p. 1341; Schinka et al., 2015).

Mortality rates among elderly homeless veterans were examined by using health care and homelessness recovers from the United States Department of Veterans Affairs;

with ages 55-59 considered as older, and ages 60 or more is considered old (Schinka et al., 2015, p. 465). The function, survival and death cause of homeless or not homeless veterans over an 11-year period were compared. Schinka et al., (2015) analyses were among the mortality of old, based on housing and age. The causes and frequencies of deaths over those 11-years were two times as high for the homeless (35%) compared to non-homeless (18%). These causes of death included being exposed to environmental toxins, chronic stressors, communicable diseases, and barriers to access health care services (p. 467). These issues led to chronic stressors described as psychiatric and substance disorders, malnutrition, and low socioeconomic status (Schinka et al., 2015).. These issues are accompanied by medical disorders, such as cardiovascular diseases, hepatitis (Schinka et al., 2015).… These issues concluded that older homeless veterans experienced the risk of suicide and higher risk to early mortality and lack of accommodating services; with services being shelters, recovery houses, and other residential homeless services, mental and substance use disorder treatment services, including outpatient psychotherapy, and intensive outpatient treatment services (Schinka et al., 2015).

Metraux et al. (2016) did a survey based on the data of the above homeless services used, geographic distributions, and characteristics of homeless persons who passed away in Philadelphia from “2009 to 2011” to give a perspective of the “homeless population” relying on surveys and “conventional counts” (p. 1334). Information from the “Philadelphia’s Medical Examiner’s Office” was examined to put “homeless decedents” in three categories (nonusers, occasional users, and known users) all based on

the uses of homeless and accommodating services (p. 1334). Out of 141 older homeless adult decedents, only 24% had no record of using homeless services; 27% used services occasionally, and 27% used the homeless services in a substantial manner (Metraux et al., 2016). In comparison with the known users, together with the nonusers and occasional users who were more likely to be White, had no severe mental illnesses, and no Medicaid or disability benefits (p. 1334). Moreover, to characterize and count by using systematic surveys had provided less outspoken results. Although the HUD annual report on the homeless is the authoritative reports on the size of the homeless population, the tension persists with policymakers relied upon surveys to measure the extent of homelessness, and the homeless advocates' survey approaches to minimize misinformed measures that will address homelessness (p 1336). Metraux et al. (2016) concluded that these conventional homeless surveys missed a large portion of the homeless population, including the population of the "hidden homeless," which lowers estimates of racial diversity and psychiatric disability (p. 1334). Metraux et al. findings featured how the value of providing different survey and enumeration approaches to a better view of the disabilities, racial diversity, and the homeless population.

Homeless African American Men

Amato and MacDonald (2011) pointed out how the number of homeless men were as high as 75% of the homeless population, per the U.S. Conference of Mayors, 2007, making up the greatest number of homelessness in the United States. Rothwell et al. (2017) similarly indicated that most of the homeless population are older adults and reported by men. Rothwell et al. continued that there were estimates from United States,

England, and in Australia suggesting that the percent of homeless males age 50 and older ranges between 63% and 92%. Moreover, the duration of being homeless is longer and higher among older men than in the general homeless populations (Rothwell, et al., 2017). In addition, it is African American males who have historically experienced discrimination, inequality in socioeconomics, incarceration, and men being challenged by implementations of traditional policies and practices; such as, stable health and mental health, housing, and employment. (Egleton, Banigo, McLeod, & Vakalahi, 2016). Egleton et al. (2016) pointed out how homelessness is a socioeconomic problem in the United States, especially in communities populated by African American men. Based on a 2013 study, the same authors found there were 610,042 persons who were experiencing homelessness within the United States with African American men having inadequate access to resources that prevent homelessness. Egleton et al. wrote that in 2013, 42% of these homeless people comprised of Africans Americans, mostly African American men. African American men, especially those who were previously incarcerated and homeless, were stigmatized by negative perceptions being perpetrators, and victims of crime, drug and alcohol abuse. Consequently, this put them in the underclass populations, being joblessness, having family problems, poor health and psychological distress, and often recidivism (Egleton et al., 2016). Problematically, these vulnerabilities associated more with homeless men, are attributions of the job losses, criminality issues, substance use, and mental health disorders, as well as post-trauma experiences (Rothwell et al,, 2017). Vulnerabilities such as these with older African American men becoming homeless or remaining homeless can be exacerbated by their forces with criminality and contribute to

traumatic experiences. Men are more vulnerable and susceptible to a crime of violence, drug and alcohol abuse, unemployment, and discrimination. (Rothwell et al., 2017; Kimberly, 2015).

Oppression is at the helm of the prison system in the United States with close to 1, 574,700 persons incarcerated in 2013, in both federal and state prisons (Kimberly, 2015, p. 273; Bureau of Labor Statistics, 2015). Kimberly pointed out how economic issues remain problematic mostly for members in the communities of color, especially African American communities (Bureau of Labor Statistics, 2015). By the end of 2013, unemployment rates declined from the start point in 2010 that reached 11.9% for the African American population compared to a white population of 5.9% (p. 273). By 2015, the African American unemployment rates remained to be twice the amount respectively, 4.7% to 10.0% (Kimberly, 2015, p. 273; Bureau of Labor Statistics, 2015). The mix relationships of race, criminalities, and poverty can be contributors to trauma and stress (Kimberly, 2015). Those who were formerly incarcerated or currently incarcerated were/are known to have experienced social structural trauma, which could be the result of a combination of stressors inclusive of previously mentioned vulnerabilities, mainly homelessness (Kimberly, 2015). Kimberly indicated that accumulation of traumas over and over could be exacerbated by entering the prison system (p. 273). The men incarcerated learn to adjust to unnatural environments of violence, being degraded from lack of privacy, and being exposed to life threats of physical and verbal abuse (p. 274). Kimberly's research showed how these threats of violence, feelings of being unprotected, and isolation were extremes of traumatic experiences. The effects caused a decline of

mental stability, apathy, depression, paranoia, panic attacks, and symptoms of posttraumatic stress disorders, being robbed of humanity, dignity, and self-esteem.

Even though everyone is affected differently, most African American older men did/will not escape the psychological effects of what was experienced being incarcerated (Kimberly, 2015). The traumatic experience of returning to society and having criminal records, especially with older men, are against them when attempting to obtain housing, jobs, financial assistance, or education (p. 274). The stigmatized and marginalized experiences by this vulnerable population after the years of isolation, lack of emotional and mental growth, as well as other privations, could lead to poor employment outcomes, inert emotional and educational development, homelessness, causing a high rate of recidivism, and/or physical or psychological difficulties preventing self-efficacy (Kimberly, 2015; Amato & MacDonald, 2011).

Out of the millions of people incarcerated in America, up to 90% are men having high recidivism after being incarcerated, with new crimes being committed within 5 years of being released (Pettus-Davis et al., 2018). Mostly ignored are the factors of the outcomes of post-release men's unaddressed symptoms of "lifetime traumatic experiences" (LTEs) (p. 1). It is very important to address LTEs among men who have been incarcerated because trauma symptoms and continued involvement of incarcerations are related. The increased stressors, negative feelings, aggressions, inadequate impaired abilities of socialization, dissociations, impulsivities, and unrealistic expectations of reentering society can result in violent or nonviolent criminal activities, homelessness, and substance abuse (Pettus-Davis et al., 2018). Amato and MacDonald's (2011) research

showed how men do not like to ask for assistance for “physical or psychological difficulties” (p. 229), of which homeless men are not excluded. This could be about pride, gender roles, masculinity, which resonate with men conscious and unconscious thoughts of being self-sufficient, being able to solve problems themselves, being shameful to ask for help, and not maintaining self-efficacy (Amato & MacDonald, 2011). Barriers to drug and alcohol disorders, health care issues from a conflict between seeking help and masculinity for men (Amato & MacDonald, 2011). Amato and MacDonald did a study on “Help-seeking behaviors” asking respondents six questions relating to feelings associated with help-seeking (p. 231). The questions were measured by a subscale of the “Conformity to Masculine Norms Inventory (CMNI)” and CMNI categorized these questions as “self-reliance” (p. 231). Almost 66% percent of the respondents detested asking for help, 63% asked for help when they had or needed to, close to 70% were ashamed, and 50% stated it bothered them to asked for help.

Maintaining self-efficacy would be a challenge for men with issues of masculinity, role gender, fear or shame of asking for help, and, or using drugs and alcohol (Amato & MacDonald, 2011). Moreover, obtaining an addiction, and psychological problems can enhance the negative characteristics and behaviors developing traumatic experiences from being homeless for long periods of time (Amato & MacDonald, 2011). Amato and MacDonald reported that the length of being homeless can range up to 420 months, and the high risk of substance abuse, lack of help-seeking, and lack of self-efficacy can cause dangerous situations. Amato and MacDonald (2011) also believed that substance abuse is the predictor of violence, homelessness, destruction,

and traumatic experiences, which enhances, and distorts a man's view of his self, having a need to medicate the pain of internal struggles. Parker et al. (2016) indicated that homeless men confront the scorn and discrediting from the attributes of society, and themselves without having a reliable source of income and permanent residence. Parker et al. pointed out that George H. Mead (1934) argued how having a self-concept is a sense of self-efficacy, with self being a symbol of "shared meanings" being taught through social interaction, and feelings and thoughts constituting self as an object. (p. 202).

Trauma-informed care principles are understanding the trauma and its effectiveness, safety, ensuring competence, and being able to have and make choices and autonomy (NAEH, 2016). It is also knowing how to support control, share power and governance, integrating self-care, promote healing through socialization and relationships, overall, having self-efficacy (NAEH, 2016; Bhoganker, 2012).

Self-Efficacy as a Concept in Exploring Experiences of Older Homeless Adults

Older homeless adults should be able to navigate their own path from and out of homeless and obtain personal resources and environmental supports that will empower and encourage them on to economic independence using the constructs of self-efficacy, interconnected with self-esteem, which enhances a person's well-being (Brown & Mueller, 2014; Bandura, 1977). Self-efficacy is derived from Bandura's social cognitive theory and is the belief that a person has about his or her ability to succeed and exercise the control over his or her life events. Self-efficacy is regarded as an important human agency instrument (Brown & Mueller, 2014; Bandura, 1977). Parker, Reitzed, and Ruel,

(2016) reported that sociologists research on homelessness for many years covering various topics that included population size, the demography, composition, distribution, and the reasons and causes of homelessness. As well as the actions to address it and homelessness regarding life expectancy, coping strategies are needed and used to meet basic need (Parker et al., 2016).

When searching about women, Brown and Mueller (2014) pointed out how the effects of homelessness, particularly psychological and physical health, were damaging and last longer for women. Understanding how and why personal factors has stopped homeless women to re-enter back into society to maintain work, building social relationships, and resorted self-efficacy, could be essential to and possibly bring about awareness and attributes related to homeless men (Brown & Mueller, 2014). The authors surveyed women residing in a treatment and transitional facility regarding the extent women had on life satisfaction, hopeful thinking, and social self-efficacy. Brown and Mueller predicted that women's capabilities to make effective decisions, obtain employment, chose effective social supports, and other self-determining factors would be unsuccessful without having some source of empowerment, economic independence, and environmental supports. It is at this point that the construct of self-efficacy as a conceptual framework could help understand the ability of older African American homeless men to establish self-efficiency and independence (Brown & Mueller, 2014).

When searching about men, it seems that they face the daily tasks of obtaining food and shelter, employment or some source of income (Parker et al., 2016). However, it seems to be obvious that being poor and homeless creates added burdens protecting and

preserving self-esteem, and the evaluation of self-efficacy, and self-identify (Parker et al., 2016). To explore these factors in depth, a method of "Transcendental Phenomenology" will be used (Henriques, 2014).

Transcendental Phenomenological Methodology in Studying Older Homeless Men

Transcendental Phenomenological Methodology can be from a collective view and an individualistic view of personal experience (Henriques, 2014). Collective experiences and meaning of an individual are sociological views that would seem to be influenced by cultural and environmental experiences. This would be an individual's description characterizing its context from collective views (Henriques, 2014). Whereas, obtaining the individual's own learned experiences varies according to his/her own perspective view (Henriques, 2014). The transcendental phenomenological methodology used for this research will be from the individual's view of their personal experience because of how the influence of social, cultural, and structural environment has affected the individual's experiences (Henriques, 2014).

According to Henriques (2014), an individual's concept can vary in his/her own perspectives of what is considered in his or her social lives. Husserlian phenomenological perspective understands the individual's social context, of which had been influenced by some specific social psychological part of life. This theory also reflects on the conscious phenomena of the individual and see it as a temporary openness that will present in each moment a link to the immediate past, present, and future context; since the consciousness has no real content itself, it can be broad and opened to the world at large (Henriques, 2014).

However, the world experience based on the individual's phenomena proposes a transcendental sociological perspective in experience and meaning by attributes of the individual's style, memory, acts of self, being subjective of a higher level that is within the individual (Henriques, 2014). Henriques (2014) also pointed out how the individual experiencing the external world, comprising of everything being perceived, the physical and human world of the conscious body, memories, imaginations, phantasies, ideas, states of affairs. Henriques wrote that this is known as "intentionality," of which thought attends the stream of consciousness, and ties the experienced content of the perceived situation or objective with the subjective means of distinguishing what was learned by the experience. Henriques pointed out how this intentionality, learned experience, is constituted genetically with the history that make it possible to reflect meaningful content to present experience.

Transcendental Phenomenology (TPh), according to Moustakas (1994), is also an approach in qualitative methodology that seeks to understand a person's human experience setting aside all biases and preconceived ideas, epoche, of the researcher and seeing the experience through the eyes of the person's true meaning of the phenomena (Sheehan, 2014; Moustakas, 1994). Sheehan (2014) wrote how Moustakas (1994) discussed five TPh constructs: noema, noesis, noeses, noetic, and epoche, which are functions of intentionality. Moustakas thought that Husserl's philosophy lacked clarity in defining these TPh constructs due to the importance of understanding TPh and why each definition when understood helps create more worth studying the person's experiences. Where noema is understood to be about the phenomenon, the appearance of the object,

and not the object itself; noesis is the "perfect self-evidence" (p. 30), remembering, feeling, judging, or thinking; noeses is consciousness of something brought into being; noetic is related to the mental intellect; and lastly epoche (Sheehan, 2014; Moustakas, 1994). Epoche means to "refrain from judgment" (p. 9) to see the bigger picture, not from an ordinary way or daily means of perceiving things (Moustaka, 1994). Naturally, our attitude is judgmental, what we perceive is what we hold to be true; however, with epoche, a new way of seeing things is required. Learning and understanding only what is before us and what can be described and distinguished, with the epoche approach, the research will allow the lived phenomena to be seen by others for the first time (Moustaka, 1994).

Summary and Conclusions

The review of the literature showed that there were numerous reasons for people to become homeless with poverty being the primary culprit, causing difficulties of meeting basic needs for housing, food, clothing, and medical expenses (Amato & MacDonald, 2011). Moreover, the literature provided in depth understanding about trauma factors and vulnerabilities that could be provoked by homelessness. Such as, unemployment, mental illnesses, substance abuse, domestic violence, legal problems and incarcerations, marital breakups, or loss of a spouse, evictions, physical abuse, and other past and current traumatic events (Amato & MacDonald, 2011; Rothwell, Sussman, Mott, & Bourgeois-Guerin, 2017). Amato and MacDonald indicated that the portion of the homeless population that has the highest percentage and continues to grow, are older homeless African American men. Rothwell et al. (2017) noted that the risk of individuals

becoming homeless for the first time at an old age can be aggravated by these vulnerabilities. Amato and MacDonald (2011) pointed out that older homeless men are susceptible to remain homeless as well as being affected by a vast and rapid changing, and globalized economy. However, poverty seems to be one of the primary causes to homelessness; in 2008, "13.2 percent of the United States population, or 39.8 million people lived in poverty" (Amato & MacDonald, 2011, p. 228). People living below or at poverty are more susceptible to the same vulnerabilities and trauma affects from homelessness, of which homeless African American men are more susceptible to including discrimination (Amato & MacDonald, 2011).

Then, there were the trauma aspects in relation to homelessness that were contributors to older African American homeless men being unable to gain a sense of life and self-efficacy (Deck & Platt, 2015; Amato & MacDonald, 2011). Deck and Platt (2015) strongly suggest that relationship with psychological distress, past traumatic events and homeliness are all factors in accordance with one another. Deck and Platt studies showed that trauma is specifically high among homeless men. In their study of substance abuse, trauma, and mental health from a sample of homeless men in North Carolina 2010, showed that most had been physically abused (68% as children and 71% as adults; and experienced sexual abuse, 56% as children and 53% as adults). Whereas, a study of homeless men in a Los Angeles CA residential substance abuse treatment program was found to have correlations of substance abuse and traumatic experiences (Deck & Platt, 2015). Deck and Platt (2015) pointed out that there is a vicious and alarming cycle that appears with homelessness in its involvement of "socioeconomic and

bio-psychosocial adversities" leading to hopelessness, psychological disaffiliation, and the lack of self-efficacy among homeless people. All of these factors are significant to this research study to understand the trauma effects of homelessness as well as maintaining homelessness. Through this research, I attempted to address the gap in the literature about how do older African American homeless men who are trying to reestablish themselves in the community experience and/ or maintain self-efficacy after experiencing homelessness?

Chapter 3 identifies the research methods and designs chosen, how participant recruitment and data collection was be performed, the study of participant, and data analysis.

Chapter 3: Research Method Introduction

The purpose of this qualitative phenomenological study was to examine the lived experiences of older African American homeless men about their ability and experiences to maintain self-efficacy after experiencing homelessness. The research question that guided this qualitative phenomenological study was: How do older African American homeless men who are trying to reestablish themselves in the community experience and/or maintain self-efficacy after experiencing homelessness?

My concerns and purposes for using a phenomenological study were understanding the collective personal experiences and meaning of what self-efficacy is from the point of view of older African American homeless men, and any possible reasons why it was difficult to achieve self-efficacy (Henriques, 2014). Henriques (2014) indicated that the perception of individuals may vary according to their perspectives, determining how the individual's perspective is approached and how it considers his or her personal and social lives. The perspectives of the Husserlian phenomenological approach offered specific understanding and accurate knowledge of the participant's personal and social life influenced by homelessness (Henriques, 2014, p. 452). Understanding the context of older African American homeless men's phenomena presented knowledge of the experiences to the world outside of their personal conscious mindset.

This chapter explains the qualitative phenomenological research method and design, participant selection, recruitment, and data collection, as well as the data analysis and overall summary.

Research Methodology and Design

The methodology of my research study was qualitative, and I employed a transcendental phenomenological design. A qualitative phenomenological study provided answers that addressed increasingly complex needs for older African American homeless men (Brown et al., 2013; Martin et al., 2010). This approach was based on Husserl's model described in Moustakas (1994). I gathered data from in-depth interviews to create rich descriptions of the perceived and lived experiences from a selected group of older African American homeless men, age 50 and older, who were trying to reestablish themselves back into the community.

In keeping with Moustakas's (1994) use of the epoche process, I excluded my own interpretations and affirmations by taking what was inwardly experienced in order to achieve pure insights from the participants. Using the epoche process, I set aside my preconceived thoughts, ideas, and perceptions and inspected the data as if seeing it for the first time.

Participants in the Study

For this study, criterion sampling was used because purposively selecting participants who closely fit the criteria of the phenomena from personal involvement was viewed as necessary (Rudestam & Newton, 2015). Using both purposeful selection and criterion sampling, I selected the persons who were able to provide information relevant to the research question (Maxwell, 2013).

The goal of using purposeful selection was to achieve representation of the experienced phenomena (Moustakas, 1993) I wanted to purposively recruit a group of 15

older (age 50 and up) African American homeless men who were identified as chronically homeless and in transition for housing, and who were participants in programs for homeless men within a large city in the Northeastern United States. These programs were designed for homeless men to gain stability, resources for substance and mental health disorders, housing, and preparation to reestablish themselves. Participants for this study self-identified based on the period and time of homelessness, and/or associated with programs for different periods of time. I planned to have the participants divided into three groups: (a) five men who had participated in a program before, having returned after experiencing homelessness again; (b) five men who had completed a program for the first time and were in preparation to transition into the next phase of the process to reestablish themselves in the community; and (c) five men who were new program participants.

To be eligible for the study, all 15 participants needed to have been homeless for more than 1 year. There was an in-depth interview with each participant recruited. The interview questions were open-ended and related to the group of participants categorized as new, being one year or less, returning, being those who left and came back, and transitioning, being those close to completing their period in a program.

Research Questions

The research question that guided this qualitative phenomenological study was: How do older African American homeless men who are trying to reestablish themselves in the community experience and/or maintain self-efficacy after experiencing homelessness?

Ethical Protection

As a doctoral student, I was required to obtain approval from Walden University's IRB (10-07-19-0282180) prior to collecting any data or recruiting participants. I reviewed the requirements for conducting ethical research, including procedures that ensured that I fully informed participants about the purpose of the study and the completion of certification protecting human research participants (Patterson et al., 2012). I was also knowledgeable about the requirement that informed participants of the voluntary nature of the study, and their ability to withdraw at any time without consequences, along with a statement of confidentiality. According to the National Organization for Human Services (2015) everyone involved in a study should be aware of the legal and ethical requirements given verbally and in a written format. These statements of information should include the rights to privacy and measures taken to assure confidentiality.

Participant Recruitment and Data Collection

I recruited participants who were homeless and were participating in an open-ended nonprofit program that services homeless men, focusing on African American men over the age of 50. These programs provided services targeting men who were dually diagnosed, chronically homeless men living on the streets or shelters in a Northeastern city for at least 1-2 years, 3 years at most. The programs focused on recovery management and issues identified as important to this population that helped them to maintain long term recovery and stable housing. These programs assisted with reintegrating these men and encouraged participation in social, cultural, and spiritual activities as well as partnered with them in a recovery journey in their lives.

I created, handed out, and posted flyers in the lobbies of the community centers, stores, and libraries and used word of mouth to request that men who were 50 years and older, experiencing homelessness, and participating in a program, and who would be interested in participating in a study, contact me. This allowed me to be specific in the selection of men with regard to age, race, and homeless status.

From this population, the specific participants who met the criteria were selected and put into groups categorized as new, returning, and transitioning. Once I had obtained willing participants, I explained the study and provided an informed consent form and statements of confidentiality. The proposed timeline that I planned to conduct these interviews consisted of a minimum of 3 weeks, and a maximum of 4 weeks. I planned to interview five men per week, for 1-2 hours, using a recorder, and taking notes that supported important factors. There was also a small incentive, a gift bag given at the end of each interview.

I was guided by the Schwarzer and Jerusalem's (1995) General Self-Efficacy scale (GSE) survey questions after the interview as a guide for my interview questions and planned to use Bosman et al.'s (2017) scale, specifically developed for assessing self-efficacy post trauma. This was to help validate if I asked the right questions to my participants about the ability to maintain self-efficacy. The GSE scale provided internal reliability and validity correlating to understand the emotions, work satisfaction, and optimistic attitudes, as well as negative factors (Schwarzer & Jerusalem, 1995). Bosmanet al. (2017) had validated their scale for use with those who had experienced trauma as was the case with the population for this study. The interview questions were

based on gaining understanding from the participant's views and perspectives about the phenomena of self-efficacy after homelessness that was formulated in my research question (Maxwell, 2013). The interview questions asked were geared to help me understand how older African American homeless men who are trying to reestablish themselves in the community maintain self-efficacy. A sample of interview questions are in Appendix A.

Data Analysis

I completed the data analysis from the data collected using an audio recorder during the in-depth interviews. I examined and explored themes that emerged. First and most important, as suggested by Maxwell (2013), during and after each interviewed recording, I wrote memo notes in order to remember other details that were not presented in the transcripts. Writing memos also helped with analytical thinking and insights about the research. I continued these practices throughout the remaining processes of my research. The data analysis strategies consisted of listening to interview tapes prior to transcribing the interviews. I consistently read interviewed transcripts, and memo notes with the assistance of transcribers. Through this process, I identified, wrote, and developed potential categories and relationships.

The analytic strategic options were categorizing using coding and thematic analyses. There was no special manner of doing this qualitative analysis because the use of strategies was planned and modified when needed (see Maxwell, 2013, p. 105). Therefore, beginning with the memos and transcriptions, I used a qualitative research categorizing strategy of contrasting and comparing differences and similarities from the

participants' views and perspectives (see Maxwell, 2013). This process helped categorize how the participants were different or alike, group similarities, and label the differences, creating themes and clusters of concepts.

I used open coding and epic coding strategies categorized with identified units of data that was meaningful and important in some way to the research and used an inductive strategy that captured new perceptions (Maxwell, 2013, p.106). Open coding involved reading, reviewing, and sorting out of the descriptive data to develop coding categories that seemed important from the terms of the participants (Maxwell, 2013). I also established credibility, transferability, dependability, and conformability using thematic analysis techniques that examined the participants' interviewed transcripts. The use of co-coding and discussing emergent themes with the professional transcribers helped identify any missed themes, and I verified any missed information with the participants to ensure accuracy (Saldana, 2015). I used line-by-line reviewing that assisted in finding the elements across reported events based on the experiences of the participants (Saldana, 2015). I manually used Microsoft Word and Excel, which assisted with collected data, helped generated other types of coding groups and categories, crosslinking these data and memos.

Summary

Chapter 3 described a qualitative research method and transcendental phenomenological design. Methods and designs helped examine the lived experience of how older (50 years and older) African American homeless men reestablish themselves in the community and/or maintain self-efficacy after experiencing homelessness. Criterion

sampling was used to purposively select the participants. I followed Walden University's IRB (10-07-19-0282180) requirements that fulfilled best ethical practices in order to recruit participants and collect data. I analyzed the data examined and explored themes that emerged by taking important reminder notes during the recording of in-depth interviewing. Open coding and epic coding strategies were used to bring about information that were important to the participants.

Throughout this entire process, I used best practices of Moustakas's (1994) epoche process. I identified with personal biases and learned to exclude personal affirmations, judgements, and interpretations, which helped to achieve pure insights from the participants. The use of transcribers co-coding helped set aside my personal thoughts, ideas, and perceptions about the effects of homelessness.

Chapter 4 follows, displaying the results from the analysis of collected data. Chapter 5 then provides an overall summary, conclusions, and recommendations for best resources, and preventive means from homelessness.

Chapter 4: Results

Introduction

The purpose of this transcendental phenomenological qualitative study was to explore the essence of the lived experiences, views, and perceptions of older African American homeless men about their self-efficacy after entering a transitional housing program. Following procedures outlined by Moustakas (1994), I collected narrative data from interviews with participants who were staying in shelters, recovery housing, and long-term facilities in preparation for transitioning back into the community and to permanent housing. My objective was to explore possible answers to the research question: How do older African American homeless men who are trying to reestablish themselves in the community experience and/or maintain self-efficacy after experiencing homelessness?

This chapter starts with a description of the research setting and participants' demographics. I then review the data collection and analysis processes and trustworthiness. I also discuss the results and themes that emerged in accordance with answering the research question. These results may be used to help develop improved outreach services and new and improved trainings, as well as to inform policy makers about the lived experiences of older African American homeless men having and maintaining self-efficacy while transitioning back into the community after experiencing homelessness.

Recruitment and Setting

To recruit participants using the purposive, criteria sampling strategy, as discussed in Chapter 3, I posted flyers in public places such as the local library where these participants frequent and community centers. The flyers provided information about the research study, risks and benefits of participating in the study, along with duration of participation, and where the interview would take place. Ten participants contacted me in response to the flyers, inquired about the research project, and volunteered to do the interview. The goal was to recruit 15 participants; however, only 10 participants followed up to volunteer.

During the pre-interviewing contact of recruitment, by telephone, I explained the contents and criteria to participate in the research study. This included an explanation of informed consent, the GSE survey, the time and line of questioning for the interview, and the token of appreciation. The appointments to do the interviews were scheduled at a time and place convenient for each participant.

The participants recruited for this study met the established criteria: all were African American, homeless men, 50 years of age or older as self-reported, and living in shelters, recovery houses, or long-term care facilities while in the process of transitioning back into the community, and into what was hoped to be stable housing. These facilities are in a city in the Northeastern United States. The interviews were held in two locations. One was a small meeting room in a community building used for events and meetings. Four men were scheduled at this location at different times. The room was a quiet area for seclusion and privacy. The other location was a quiet sitting area in the lobby of a

different community center where the other six men participated. I was able to interview most of the participants over a period of three separate days, interviewing two men each day during the mornings prior to lunchtime. This time was quiet and the interviews were in a quiet area where privacy was maintained.

Demographics

Details of the participants demographics were collected but not recorded to protect their identity, but they all met the criteria for participation. A total of 10 homeless men volunteered and participated in the in-depth interviews. All participants had been homeless for a period of 6 months to 5 years or more, and up to 30 years of being without permanent housing. All participants were African American, over the age of 50 years old up to 63 years of age, and living in the same Northeastern city. All participants were temporarily staying in some type of transitional housing: two were in a shelter, three in a recovery house, four were staying in a long-term facility (not as permanent residents), and one participant had just transitioned to permanent housing within the month prior to the interview after having been homeless for an extended period.

Data Collection and Analysis

Data Collection

Data were collected during each interview using an audio recorder and later transcribed and analyzed. At each interview, I read the consent form aloud and reviewed it with each participant, but did not ask participants to sign the form due to concerns for their possible lower level of literacy. The participant verbally stated that he understood the consent and agreed to participate in the interview. This was in keeping with the IRB's

recommendation to protect the participant's identity. Each participant was assigned a number in keeping with protecting confidentiality and anonymity. I used the approved interview protocol to guide each interview and followed up with additional questions for more clarification. The goal was to collect rich, thick data in keeping with Moustakas's (1994) recommendations. Each interview lasted 40 to 60 minutes. First, I noted during the interview that when asked the question, "Do you understand what it means to have self-efficacy or to be self-efficient?," only one participant answered "yes." Participant 7 replied, "to me it is being able to stand on your own two feet. Being a productive member of society." All the other participants reported that they did not know or understood what the term self-efficacy meant. Therefore, I defined for them the meaning of self-efficacy in Grade 5 level language. At the end of each interview, the participant listened to his recorded session to ensure accuracy of his stated answers. I was able to make additional notes or changes based on the participant's comments and included those notes in the analysis. Participants were then invited to complete the GSE (Schwarzer & Jerusalem, 1995) survey. I read each statement and the possible responses aloud to each participant. I also explained any statement that needed more clarity. The participant then marked his answer down in the designated sections. The survey was administered at a single point in time and added additional data. It helped to identify how each participant viewed his own status of self-efficiency or having self-efficacy after experiencing homeless. The survey results are included in the findings and will be discussed and displayed in the Results section and in Figures 1 and 3.

Data Analysis

I originally thought to use NVivo software but chose to use manual coding instead because I was immersed in the data during the interviews and wanted to use manual coding. I transcribed manually each recorded interview to a Microsoft Word file, added the field notations, and reviewed to remove any information that could identify the participant or other names given during the interviews. Then, I began to plan for coding by manually importing the data to an Excel spreadsheet that facilitated the coding and helped generate other types of coding groups and categories, cross linking the data and memos as described here below.

First, I reviewed and coded each individual interview separately and used open coding and epic coding strategies, identifying words and phrases in the data that were relevant to the construct of self-efficacy. The participants' responses to questions clustered into three areas: codes representing biological elements of their experiences, codes representing psychological elements of their experiences, and codes related to social and family elements. From these elements, I developed a full set of codes (see Table 1. I then followed with the subsequent interviews and sorted the transcribed data under the specific codes on the spreadsheet that repeated in the interviews. The manual review, sorting, and coding helped to categorize and identify units of data that were meaningful and important in some way to the research topic and, to the participants, an inductive strategy that captured any new perceptions (see Maxwell, 2013, p.106). I continued to read, review, sort and code all the interview data and field notes onto the Excel spreadsheet. I used line-by-line reviewing that assisted in finding common

elements across reported events based on the experiences of the participants (Saldana, 2015). I then noted that there appeared to be clusters of codes with similar or related content and these formed categories again related to biological, psychological, family, and social content. These categories of codes clustered into two dynamic periods in participants' lives that formed sets. Categories in Set 1 included coded data that reflected struggles participants experienced before becoming homeless, and categories in Set 2 included participants' efforts trying to move out of homelessness and receiving aide or support. I was able to organize the categories under these two sets.

Two professional colleagues volunteered as transcribers to triangulate the use of co-coding and discussed emergent themes (see Saldana, 2015). One of these colleagues was a human service social worker in the Northeastern city, having a bachelor's degree in psychology and master's degree in social work. The other was a third-year college student, majoring in psychology and forensic science, and has experience working as a peer-review specialist at the college's library. After the analyses, I met with the two colleague volunteers, who did the co-coding by reviewing the deidentified transcripts, listened to recordings, and reviewing data notes. We discussed all new findings of codes that were inducted into the categories. The categories were analyzed again with all parties in agreement with the established categories being labeled in a meaningful way. From these categories, two specific and meaningful themes were developed.

Table 1

Data Analysis: Codes, Categories, and Themes

Categories Set 1 Pre-homeless and personal struggles	Set 1 Codes	Categories Set 2 Post-homeless and receiving support services	Set 2 Codes
Drugs, alcohol, and mental disorders	Origin of drug use, years of drug use, origin of mental health conditions, years of mental health conditions, depression, anxiety, abuse, PTSD	New supports, and resources; (Social Supports)	Individual counseling, psychology, new resources, transitional housing programs, rehabs
Physical health	Physical disabilities, chronic illness, abuse, lack of medical assistance, lack of medical insurance	Cognitive restructuring (Mental Health Support)	Depression. anxiety, bipolar obsessive, and compulsive disorders
Psychosocial/ environmental	Loss of housing, loss of family, divorce. unemployment, lack of education, legal issues, incarcerations, probations, lived experiences of abuse, foster homes,	Habilitative Rehabilitative needs (skill development)	Inability to read, write, communicate, have relationships... The need to relearn skills, how to be responsible
Loss of familial/personal supports	Loss of loved ones, parent on drugs, lack of parental guidance, negative supports, lack of medical, family, financial, and education supports		
Learned helplessness	Homelessness, addictions, early onsets of criminal activities, negative survival techniques		
Theme 1		Theme 2	
Experiences that resulted in homelessness and the loss of self-esteem, self-efficacy, with either, never having self-esteem/ self-efficacy, or having self-esteem, self-efficacy and losing it.		Experiences that are significant to gaining back self-esteem, self-efficacy	

The results of the analysis are discussed below following the evidence of trustworthiness in the data analysis process.

Evidence of Trustworthiness

Trustworthiness ensures that the value of research methods demonstrate quality, credibility, reliability, and validity of the result and findings of the study (Loh, 2013). According to Lincoln and Guba (1985), terms such as *credibility*, *transferability*, *dependability*, and *confirmability* will establish trustworthiness of a study. Trustworthiness will validate the study to be an accreditation to knowledge and basis of a study for future implications (Loh, 2013). First, to validate credibility of the data that was maintained, I allowed each participant to listen to the recorded interview, confirm the information, and add or revise what they had said during the interview process, giving additional information or clarification where needed. This additional information was added in the field notes included in the analysis. Second, using the same open-ended interview questions to begin each interview helped provide positive and adequate transferability of the study with the distinctive in-depth and descriptive answers from each participant. I used the same opening interview protocol in each session for dependability of the study, but added questions for clarification or expansion based on the responses. Lastly, for confirmability, I kept a journal and reviewed the transcribed data line-by-line to assist in finding elements, and reported events based on the participants experiences. I also used open coding, epic coding strategies, and co-coding categorized with identified units of the collected data that was meaningful and important to the

research (Maxwell, 2013). This involved reading, reviewing, and sorting out of the descriptive data to develop coding categories that seems important from the terminology and views of participants. The use of co-coding and discussing emergent themes with the committee chair and peer reviewers helped provide reliability to the analysis and identify any missed categories, codes, or themes, which ensured all these terms of trustworthiness.

Results

In this section, I discuss the results from the analysis of the oral data and the survey data. After I reviewed and analyzed the oral data through coding methods, the professional colleagues and I identified the following two sets of categories and codes that emerged from the data analysis coding strategies, which led to the development of two essential themes.

Categories Related to Pre-Homelessness and Personal Struggles

In analyzing these category sets in relation to the framework of self-efficacy, two main themes emerged. One theme highlighted participants' experiences related to the loss of self-esteem, self-efficacy or not having ever developed a sense of self-efficacy. The second theme was gaining back or gaining a sense of self-esteem and self-efficacy at this stage in their life for the first time. These categories included codes related to pre-homelessness and personal struggles: (a) drugs, alcohol, and mental disorders; (b) physical health issues; (c) psychosocial and environmental issues; (d) lack of essential supports and resources; and (e) learned helplessness. From these categories of coded data, I identified the theme of experiences resulted in homelessness and the loss of self-esteem/

self-efficacy, with either one of two situations: never having self-esteem/self-efficacy or having self-esteem/self-efficacy and losing it.

Drugs, alcohol, and mental health. All the men interviewed shared having struggled with alcohol, drugs, mental health conditions, physical illnesses, and disabilities, all affecting their abilities to maintain housing, and self-efficacy. Most of these issues occurred at an early age causing them to drop out of school and high involvement in criminal activities. There were mental, physical, and sexual abuse issues, abandonment, DHS involvement, foster homes, and some juvenile incarcerations that led through to adulthood. For example, Participant 6 stated,

> I have been through a lot in my life, since I was a child. I was in a program before, but I did not open up until now. Now I am getting the help I need for my past trauma as a child and teenager.

These underlying issues are still affecting most of these men who are now over the age of 50.

Disabilities and physical health issues. These men are distinctively different in many ways, but all have experienced various and different types of medical issues such as diabetes, hypertension, epilepsy, heart disease, and kidney failure. Participant 10 stated, “I have been in this wheelchair for about 5 years with paralysis in my legs and chronic arthritis, and I can’t think for myself to do what’s right.” Many of these medical issues were not addressed properly due to lack of medical attention and insurance. When asked if there were resources available to get the help needed, Participant 10 stated, “I

didn't know about these places and I didn't know who to asked for help. I just did what I knew best, living in the streets."

Data showed these participants found out about the resources available, but not until it was needed. Participant 7 stated,

> While living homeless, there was no effort or motivation to seek the help needed, until I got sick, I needed to get off the streets before I died. I thank God for the hospital, I would had been back on the streets not caring about myself.

Psychosocial and environmental issues. Data analysis revealed that psychosocial and environmental issues were also key factors that affected these men in negative ways. There were psychosocial issues that began early in their lives, such as childhood abuse, family dysfunctions, foster homes, lack of education, experienced criminal activities, and incarcerations leading to homelessness. When asked why and how it was decided not to be homeless and seek help, Participant 8 stated, "I had no choice due to being incarcerated over and over and being on probation, I have a repetitive criminal record." He stated that he had been in juvenile facilities and adult prisons most of his life, stating, "I did not know any other way to survive but being involved in criminal activities." He also stated that he went through a similar program about three years ago, got housing but started back in criminal activities, was arrested, and lost the housing. This Participant 8 also reported that he had a 9th grade education, "I never was able to obtain or maintain my own anything, home, job, driver's license, all I knew was the streets."

All participants stated after being sick and tired, [how it is rough out in the streets, tired of sleeping on cardboard boxes, and as they get older], the desire for stable housing changes. Participant 8 stated, “Outside is no place for anyone to live.” It seemed that post-incarceration, the participant was sent as part of probation to do the transitional housing program. This is helping Participant 8, giving him forced motivation to be self-efficient; whereas, the others seemed to be motivated by other negative psychosocial and environmental issues resulting in negative impacts that encouraged these men to begin self-care, and change. Therefore, it seems that resources and supports are essential.

Loss of essential supports. Loss of essential supports and resources is derived from identifying with codes, such as not having family supports, loss of marital support through divorce, depletion of family relationships, loss of employment, lack of educational, medical and mental supports. When the participants were asked to describe the types of supports and resources they need to maintain self-efficacy, the following answers were given that identified with essential codes for this category, providing data of never having support, loss of supports, and the types of supports needed:

- Participant 5 stated, “I needed to be able to maintain working and staying sober, using the resources of outpatient psych and IOP treatment.” “I need a case manager to help me get the supports and resources.”
- Participant 8 stated, “I do have people in my life to help me, but I needed to prove to myself that I wanted the help, knowing I cannot survive on my own. I know that it will be a long process.”

- Participant 10 stated, “I needed finance, a good doctor, and case management.”
- Participant 3 needed moral supports, family, friends, and the ability to be able to do what he needed too.

All these participants identified that supports and resources are needed to help them maintain self-efficacy and the ability to help them be responsible, including maintain housing.

Learned helplessness. These participants have come across many defeats in their lives. Through the interviews, many codes help identify learned helplessness as a category. Participants reported repetitive and lengthy times being homeless, addictions that started during adolescence and still factors in all the participant’s lives, even now over the age of 50. There have been early onset and continued criminal activities, negative survival techniques with lack of medical, physical, and mental assistance, repetitive compulsiveness, the repeating times in rehabs and shelters, and returning to negative survival techniques. From their perspectives, not only was it difficult to change, but they did not know how to make a change, being helpless to only knowing what was learned. Data analysis showed how most all of these men reported that they wanted to “learn how” to be responsible, paying bills, shop for themselves, maintain housing, be good parents and grandparents, not use drugs and alcohol for coping strategies…. When asked the question, “Can you describe what it means to you to be re-established into the community?” Participant 10 stated,

> I never had my own place before, and I wanted to sabotage the process of getting my own because I didn't want to be on my own and be responsible for myself. So, I got honest and told my counselor I was afraid to live on my own.

These men, who are all 50 years of age or older years, are now seeking help, wanting, and needing cognitive restructuring.

Categories of Post-Homelessness

These categories included codes related to experiences after being homeless for a period, then developing new supports and resources; cognitive restructuring; habilitative and rehabilitative needs.

The need for essential supports. This category highlights the need for essential social links to resources. Even when social services and resources are available without a link such as a transitioning program, self-efficacy will not develop. Participant 3 stated,

> I guess I never pursued them, I believed there were resources out there, like shelters and all that. People was giving me suggestions of where to go, but I just couldn't see myself sleeping around all those people. It's different at the place I am at now. I rather be homeless than to sleep with bugs, and a whole lot of people.

Cognitive restructuring. Cognitive restructuring is a tool, a technique, and a special means of treatment used in mental health for conditions of anxiety, depression, obsessive-compulsive disorders, and other mental health concerns. It is used where people only see negative aspects and outcomes about life. Negative self-concepts can lead to self-defeating behaviors, and attitude; they need cognitive restructuring

(Ungvarsky, 2018). Codes that identified this category, cognitive restructuring were identified by the various mental health conditions that all the participants have reported as factors keeping them homeless for so long. This data helped to identify cognitive restructuring as a means to regain self-efficacy. When asked the question "What are your weaknesses?" only one, Participant 1 reported that he did not have any weaknesses; however, all the others identified with diagnoses of anxiety, depression, schizoid affective disorders, repetitive behaviors of doing the same things over again, loneliness, isolation, experiencing feelings of, and believing that life is not worth living, compulsive behaviors of womanizing, and sex addictions. Participant 2 stated, "my weakness is alcohol and cocaine;" Participant 5 stated, "Not staying busy, having a wandering mind. I need to be consistently doing something positive. But I keep doing the same negative things;" Participant 6 stated, "my weakness is women who are in the life style and use drugs;" Participant 8 stated, "I have a problem with that, and loneliness, boredom;" These participants clearly stated they need to learn how to cope with these mental and addiction disorders. Although these issues prevented or hindered self-efficacy in these men, with cognitive restructuring, self-efficacy can be restored.

Habilitation/Rehabilitation

Habilitation. Habilitation is defined as services that can help establish the person with skills that have never been acquired or have not been acquired at an appropriate age (Gooms, 2016). Data from two participants informed the category of habilitative needs and services to regain self-efficacy. Participant 5 stated, "I never had my own home

where I paid bills or anything. . . . I have been homeless a number of years and I have been in a few programs before." Participant 10 stated,

> No, I have never maintained housing before, I always lived somewhere on the streets, or lived with somebody. . . . My experience in the program can be overbearing, and I wanted to sabotage the process of getting my own because I didn't want to be on my own and be responsible for myself. I was afraid to live on my own.

Rehabilitation. Rehabilitation refers to re-establishment, rehab, redoing, relearning skills that had already been acquired before, but have now been impaired or lost (Grooms, 2016). Data from two participants highlighted the category of rehabilitative needs and services to regain self-efficacy were evident: Participant 4 stated, "Yes. I know about bills and all that… Yes, I was in another type of facility, I was working. I did good and then I went to my own place, but it became abandon, I relapsed, and I came to this place." Participant 7 stated, "I have been homeless for about 19 years… Yes, I have been in a program, but I did not complete it, I relapsed… I lost self-respect, self-esteem, and in here I have a chance to regain these things.

The Self-Efficacy Scale Results

The GSE scale is a "self-report measure" of self-efficacy (Schwarzer & Jerusalem, 1995). Schwarzer and Jerusalem (1995) provided a descriptive measure that implicated 10 items (statements) measured on reliability as (internal reliability for GSE = Cronbach's alphas between .76 and .90); and validity as (the GSE being correlated to emotions, work satisfaction, optimism, with negative coefficients found for depression,

health complaints, burnout, anxiety, and stress). The scoring of the survey responses was based on answering 10 questions using a Likert scale that ranged as: 1. not true at all, 2. hardly true, 3. moderately true, to 4. exactly true. With total scores being the sum of all answers, ranging between a score of 10 and 40. The overall score on the GES is a measure of self-efficacy based on the total score of all the questions together. The higher the score, the more evidence of self-efficacy; the lower the score, the lower amount of self-efficacy (Schwarzer & Jerusalem, 1995). All the participants completed the scale after their interview.

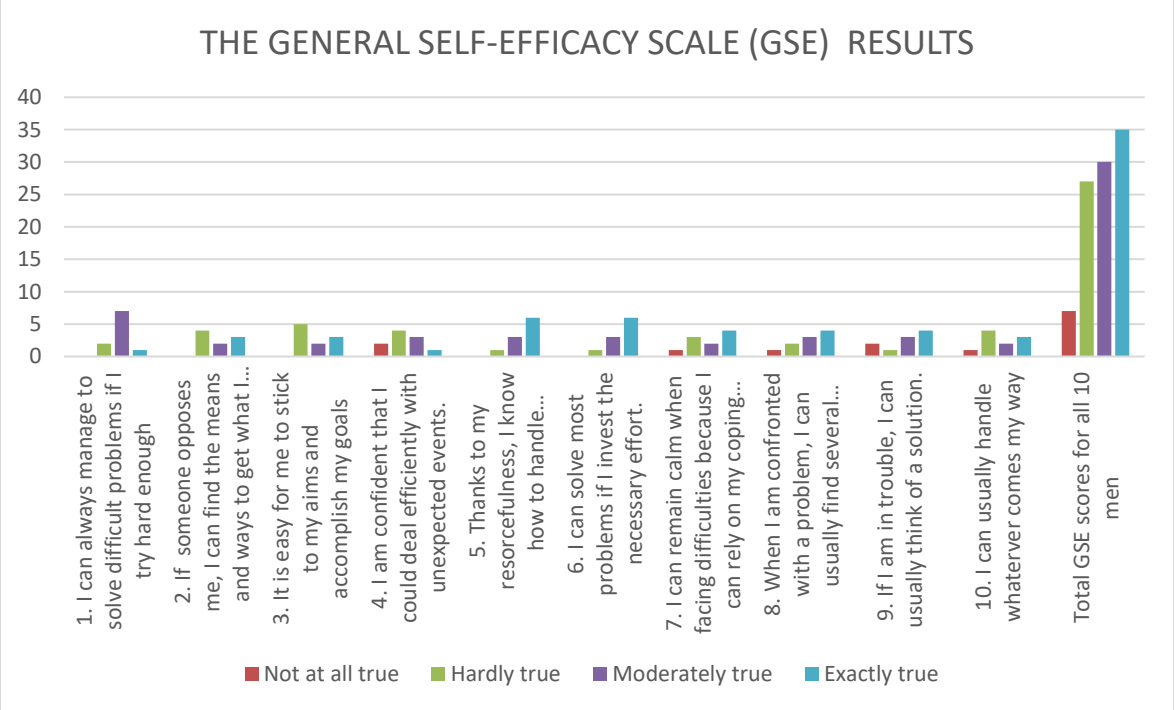

Figure 3. General self-efficacy scale results. Bar graph showing questions answered and aggregate results on a scale of "it is not at all true, hardly true, moderately true, or exactly true" by color, and the corresponding figure identified questions asked numbered 1-10. By Schwarzer, R., & Jerusalem, M. (1995). Generalized Self-Efficacy scale. In J. Weinman, S. Wright, & M. Johnston, Measures in health psychology: A user's portfolio. Causal and control beliefs (pp. 35-37). Windsor, UK: NFER-NELSON.

Although the categories, codes, and themes that were derived from the oral data collection and analysis are aspects of the experiences of having a sense of self-efficacy, lost or gained, the results of the survey indicated that at the time of the survey, these men believed they had some self-efficacy. This result illustrates that self-efficacy is part of these men now participating in a transitional facility for permanent housing. The range of total self-efficacy score for these participants was 7 to 35 out of a possible 40 points. It indicated that not all the participants reported experiencing self-efficacy at this stage in their lives; however, there is no mean score because the number of participants were too small to interpret any statistical analysis of the aggregate score. There were three statements where more than four participants felt it hardly true to be effective:

2. If someone opposes me, I can find the means and ways to get what I want.

3. It is easy for me to stick to my aims and accomplish my goals.

4. I am confident that I could deal efficiently with unexpected events.

There were two statements where over five participants felt it to be exactly true to be effective:

5. Thanks to my resourcefulness, I know how to handle unforeseen situations.

6. I can solve most problems if I invest the necessary effort.

And, only one question where 7 participants felt it to be moderately true to be effective:

1. I can always manage to solve difficult problems if I try hard enough.

There is still need for further development and support in this area, but the majority indicated some level of self-efficacy. The small sample size of this survey

means that these results are indicative only of the participants included and cannot be generalized to a larger population.

Summary

This chapter reviewed the data collection and transcendental analysis of the lived experiences of 10 homeless African American men, ages 50 years of age or older, who are working on transitioning and reestablishing housing stability, and their ability to maintain self-efficacy. These views and reported experiences were represented in several codes and categories that are essential components that contributed to developing two themes: the experiences that resulted in the loss of self-efficacy and the experiences; and, resources that were needed for regaining of self-efficacy. The GSE results were calculated as a whole unit with the results of all the participants put together. This provided additional insight in the self-reports that there is evidence the majority of these men demonstrate their perceptions of some decision making abilities and self-efficacy at this stage after participating in a program that will help them restore housing. Most of these men reported the experience of having repeatedly attempted to change their lives and to maintain self-efficacy, but their attempts seemed to have fallen through the cracks. Interpretations of findings, limitations of the study, recommendation, and implementations will be provided in the overall summary and conclusion in chapter five that will help further explain these results.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

The purpose of this qualitative study was to explore and understand the lived experiences of older African American homeless men and their self-efficacy after entering a transitioning housing program. This research study was qualitative in nature, and it employed the use of a transcendental phenomenological model, an approach that allowed for exploration of the phenomenon of the lived experiences from the perspective of older African American homeless men while they were involved in programs for reestablishing housing security and stable living.

With the use of the transcendental phenomenology model described by Moustakas (1994) and following up from the literature, I used the in-depth interviews to gather rich descriptive data from 10 men who volunteered to participate in the study. I explored the phenomena of how these men would reestablish themselves back into their community. I identified with their means of coping with moving away from homelessness, and what self-efficacy meant to them and how self-efficacy would be maintained. I also identified with what possible supports and services would be needed to help maintain self-efficacy (see Bhogaonker, 2012; Brown & Mueller, 2014). In this chapter, I expand on the results of the study in relation to the theoretical framework and provide an interpretation of the analysis of my findings, limitations of the study, recommendations, implications, and the conclusion of this study.

Interpretation of the Findings

The literature I reviewed in preparing to conduct the study was reflected in the findings from my study that older homeless adults are more likely to experience longer periods of homelessness, having endured in their lives various negative experiences of injuries, substance abuse, illnesses, poverty, foreclosures, and trauma (Kane et al., 2012). Amato and MacDonald (2011) pointed out how the number of homeless men were as high as 75% of the homeless population per U.S. Conference of Mayors (2007). More recent data suggest 60.1% of the homeless population are men U.S. Conference of Mayors, 2016), still making up the greatest number of homeless individuals in the United States. Rothwell et al. (2017) similarly indicated that most of the homeless population are older male adults. Moreover, according to Egleton et al. (2013), 42% of these homeless people are African American. I specifically chose to focus on older homeless African American men and their experiences as exemplars of this population. There was, nonetheless, a range of experiences of homelessness among the participants, indicating that there are many kinds and periods of homelessness among even within the older adult male population. Participant 10 reported that he is 57 years old and never lived on his own outside of always living with someone; he has been homeless for the past 6 years. Participant 2 reported that he finally got his own place, residing there for the past two months after being homeless for over 30 years. He is also 57 years old.

Comparison of Findings With the Literature

In this section I compare categories from the analyzed data to the literature I researched and reviewed.

Drug, alcohol, and mental health. Authors in the literature reported that there are more complications with being older than 50 years of age and homeless. Older homeless adults tend to show physical and cognitive signs of aging approximately 10 years earlier than non-homeless adults (Rothwell et al., 2017). Woolrych et al. (2015) indicated that older homeless adults only see the issue as not having proper housing and fail to see that there are multidimensional problems of mental health, drug addiction, physical health, and poverty that cannot be resolved alone (Woolrych et al., 2015).

Results of the study corroborate with findings in the literature. The participants in this study all reported having experienced some form of drug and alcohol addictions and/or mental health disorders. Participant 2 shared his experience how he was caught up in the disease of addiction that prompted a divorce and the loss of his family. “My decision was not to stop using drugs but to hit the streets and continued using drugs.” He stated, “I was homeless for over 30 years.” This illustration of the connection between the addiction and resulting homelessness confirms authors’ reports (Woolrych et al., 2015)

Disabilities and medical issues. As with drugs and alcohol, there are other medical issues identified in the data collected that were relevant to not having permanent housing. Authors in the literature reviewed the pervasiveness of how older homeless adults responded in surveys about problems of health care including high rates of hypertension, chronic obstructive pulmonary disorder, asthma, and mental health issues of depression, related to homelessness, and barriers to obtaining and maintain housing (Hinderlie, 2014). At the same time, participants reported services that became available because of their status as homeless. Participant 7 stated,

> I thank God for the hospital because I was sick and did not know it, along with my drug addictions. I was locked in and observed until the drugs wore off. Although I wanted to go back out to the streets, because I was sick and admitted to the hospital, when they told me about the rehab I went. Then I learned about the housing program and that I met all the criteria for being a chronic homeless person; being homeless for more than three years allowed me to be eligible for those services.

Essential supports and resources. As previously mentioned, homelessness is a socioeconomic problem in the United States, especially in communities populated by African American men (Egleton et al., 2016). Egleton et al. (2016) pointed out that in 2013 there were 610,042 persons who were experiencing homelessness within the United States with African American men having inadequate access to resources to prevent homelessness (Egleton et al., 2016). These findings are associated with the lack of supports needed, supporting both prevention of homelessness and rehabilitation to self-efficacy. However, the availability of services is not enough to ensure that the service users are able to access services they need. Participant 10 stated,

> I have been homeless over 5 years, and I sought for help, but my anxiety, fear of doing better, gave me thoughts to sabotage treatment, to stop them from helping me. But, being in this wheelchair, and not being aware of the mental health issues, made me think about and accept the help and services I needed.

Authors in the literature discussed the need to understand these additional service user challenges to help prioritize strategies and support services for this aging population

of older African American homeless men (Woolrych et al., 2015). The participants confirmed that no matter how many supports and services there are, older African American homeless men do not seem to understand that these services and resources are designed for them. When asked the question, "Have you ever participated in a program or stay in shelters prior to now?," six out of 10 participants said that it was their first time in a program that would provide housing. Participant 3 shared that this was his first time in this type of facility, and he had been homeless for about 10 years. This is important in understanding the distribution of services and resources and the expectations of the utilization of resources in the community. If resources are available but there is no strategy to connect resources to the population, there will be underutilization. Authors in the literature showed how research conducted with older homeless adult men identified an increased use of hospital emergency departments, an increase in mortality rates, unused services, and unused supports from recovery housing and other provided services (Mericle et al., 2015; Metraux et al., 2016; More & Rosenheck, 2016; Schinka et al., 2015).

Psychosocial and environmental issues. Authors in the literature reviewed how African American men have historically experienced discrimination, inequality in socioeconomics, overrepresentation in incarceration, and that these men are being challenged by implementations of traditional policies and practices, including health and mental health policies, housing, and employment (Rothwell et al., 2017). Authors also pointed out how these above vulnerabilities of older African American men can be a factor in their becoming homeless or remaining homeless; vulnerabilities and

homelessness can be exacerbated by forces with criminality and being more susceptible to a crime of violence, homelessness, drug and alcohol abuse, unemployment, and discrimination. (Kimberly, 2015; Rothwell et al., 2017).

The analysis of the data collected demonstrated how systemic psychosocial, environmental, and socioeconomic inequality and lack of integration of supports continues to exist. Participant 8 stated,

> I was in a housing program about 4-5 years ago. I had been incarcerated and offered a special program for housing. However, once I was placed in an apartment, I did not have any financial means or employment that would help sustain my wellbeing, economic needs, and the housing that I eventually needed to pay for. All due to my criminal record, I could not get employment, no matter how hard I tried. I started going back to my old ways and I got into trouble again, I was incarcerated, and lost the housing. After being released, 2017, I continued to be homeless, jobless, and started using drugs and alcohol for the past two years. I am now in a program that will help me with my drug and alcohol addiction, mental health, and housing.

Authors in the literature reviewed that, problematically, these same socioeconomic vulnerabilities are associated more with homeless men hindering their self-efficacy (Rothwell et al., 2017). In addition, African American men, especially those who were previously incarcerated and homeless, were stigmatized by negative perceptions of being perpetrators and victims of crime, drug and alcohol abuse, putting

them in an underclass population, having family problems, being unemployed, with poor health and psychological distress, often leading to recidivism (Egleton et al., 2016).

From analyzing the data, I was also able to glean the essence of participants lived experiences perceptions for these last three categories I used to organize the findings: learned helplessness, cognitive restructuring, and rehabilitation and habilitation. Learned helplessness is in keeping with the theme of things that resulted in homelessness and the loss of self-esteem/self-efficacy, as well as once having self-efficacy, whereas cognitive restructuring and rehabilitation and habilitation is in line with the theme of things that are significant to gaining back self-efficacy.

Learned helplessness. Barker, Maguire, Bishop, and Stopa (2018) used animal instinctive abilities to define the term learned helplessness. Learned helplessness occurs when animals are subjected to aversive provocations that they cannot seem to escape, and the animal eventually stops trying to escape the aversive provocations. It learns that it cannot change and is helpless to the situation. Barker et al. and Maier and Seligman (2016) pointed out that in the same way this concept is tied to animal behavior and psychology, it also can be applied to situations affecting human beings. Barker et al. pointed out how defeats in a person's life are difficult for the person to believe he/she can overcome. As human beings are affected by adversity and uncontrolled events, their learned helplessness can affect their confidence levels and self-efficacy. (Barker et al., 2018). Maier and Seligman suggested that, as people age, helplessness is expressed by chronic depression, which may lead to seeking relief in off-prescription medication.

These participants have all experienced some defeat from repetitive and negative behaviors leading to complacency with being homeless, drug and alcohol addiction, and the neglect of their mental health. Participant 10 stated that he fears having his own anything, because he never had his own. He admitted that he needs someone to help him by reminding him to take medications, someone to show him how to pay bills, and use a bank account, how to shop for himself. He stated, “it may seem like little things but its big to me.”

Cognitive restructuring. According to Ungvarsky (2018), cognitive restructuring is a tool, technique, a special means of treatment used in mental health for conditions of anxiety, depression, obsessive-compulsive disorders, and other mental health concerns. People with these conditions usually see only negative aspects and outcomes about life that will lead to self-defeating behaviors, and attitude; they need cognitive restructuring (Ungvarsky, 2018). All participants in the study were part of a program in preparation for transitioning to permanent housing and had opportunities to receive counseling and coaching toward reframing their self-image, self-efficacy and self-esteem in order to succeed in permanent housing. Participant 7 indicated that all the things being suggested, such as going to group and individual therapy or asking for help when needed, are things he never did before. He stated,

> I was being stubborn, and hardheaded, not wanting to do it the right way, it caused me to be at this point of my life. I was ashamed to asked for help at this age, feeling shame and guilt, depression, and anxiousness.

Participant 8 shared that he now has an intensive case manager, recovery coach, recovery specialist, psychiatric service, he stated “now I know I need to get my life together.” This finding is important in setting policies for allocating resources to this population. If there is a belief that change is not possible for older adults, the experiences of the participants in the study indicate that when resources and support are available, cognitive restructuring can occur.

Habilitation/rehabilitation. Habilitation, according to Grooms (2016), are services that can help establish the person with skills that have never been acquired or have not been acquired at an appropriate age. Whereas rehabilitation refers to re-establishment, rehab, redoing, relearning skills that had already been acquired before, but have now been impaired or lost (Grooms, 2016). Grooms uses the examples of person having a stroke needing speech and therapy, rehabilitative, learning to speak over again. Both habilitation and rehabilitation are needed to gain/regain self-efficacy (Grooms 2016; Brown & Mueller, 2014).

In relation to Participants 5 and 10, their inabilities and habilitative needs could also mean lack of communication skill and barriers to reading, writing, educational needs, the inability to shop for food and clothing, lack in money management, not knowing how to develop meaningful relationships, and lack of care for self (Federal Documents Clarify Rehabilitation and Habilitation Services, 2016). Participant 10 stated, “I never had my own anything.” Life skill building seems not to be age dependent or restricted as illustrated by the participants’ experiences. However, the participants’

experiences highlight a gap in early education and development that might shed light on reducing the risk of homelessness in later years.

According to Federal Documents Clarify Rehabilitation and Habilitation Services (2016), rehabilitation services and rehabilitative needs means to help the person get back and/or improve skills for daily living. Data analysis showed that many of these men had some sense of responsibility before, be it housing, employment, family life, and need to learn over again how to re-establish self-efficacy. Participant 9 stated, "I had my own business, and housing."

There were two main themes identified from the analysis of this data; experiences that resulted in homelessness and the loss of self-esteem/self-efficacy as well as once having self-efficacy, and losing it; and experiences that are significant to gaining back self-efficacy. These themes were extracted from the experience's these participants discussed as significant in their lives.

Comparison of Findings With Homelessness and Maintaining Self-Efficacy

Self-efficacy. Literature reviewed and defined self-efficacy as a person's beliefs about his/her capacity to initiate, pursue, perform, and successfully execute specific tasks, courses of action related to specific goals directly affecting his or her behavior and way of life (Bandura, 1977). Having a sense of control over one's environment, having a sense of being able and willing to influence others and, the outcomes of social interactions and social situations **(**Brown & Mueller, 2014; Bandura, 1977; Parker et al., 2016, p. 203). These definitions were used in interpreting the experiences of the participants experiences.

Maintaining self-efficacy. In accordance with Woolrych et al. (2015), beyond physical and mental health factors of homelessness, self-supporting skills that would safeguard against homelessness in old age are essential, such as building self-esteem, resilience, coping skills, and maintaining self-efficacy. What was most important from literature was the expectations for efficacy coming from the person's belief that he can achieve or change the behavior successfully to produce effective outcomes (Bandura, 1977). The results from the analysis of the GSE survey data indicated that most of these participants do have a sense of self-efficacy. However, these men were all in a transitional housing program that will eventually help them to obtain housing and provide services to help build toward self-sufficiency. They are no longer using drugs and alcohol and have implemented services for managing mental and medical issues. Data analysis has shown that there is more work to be done, to not just have a sense of self-efficacy, but to be able to maintain self-efficacy for long periods of time. Matching the services to the population at this stage of their lives, then maintaining support over time are both indicated from the analysis. .

Limitations of the Study

The criteria for inclusion was these men needed to be participating in a program that was helping to transition into permanent housing, as well as being selected and put into groups categorized as new, returning, and transitioning into housing as participants for study. However, there is no information about what brought the participants into the transition program, establishment of grouping, nor was there an opportunity to measure the level of self-efficacy prior to starting the transition program. This study was not a

program evaluation and should not be reviewed as such. Whether or not the participants measured level of self-efficacy at the time of the study is relevant to them returning to homelessness after completing the program is beyond the scope of the study as well. Limitations with the goal of recruiting 15 men also existed, only 10 participants volunteered. It was found that there were many homeless persons of various race, gender, and ages that were participating in various programs and tried to volunteer, but did not fit criteria for the research. However, to overcome the limitation, I sought to reach saturation and the information in the interviews repeated much of the content over time. There is an additional limitation in that the bulk of the data is from self-report and there were no failsafe way of determining if all data collected from these men were accurate and true reflections of their lived experiences.

Recommendations

Research results from this study and literature reviewed has indicated that homelessness, particularly among older adults and older African American men is vast and growing and continues to be a social concern. Further research is recommended to do a more in-depth study with a larger sample to collect more qualitative data related to the long-term needs for sustaining permanent housing among this population. This could possibly provide a broader range of the experiences, causes, and effects of homelessness as well as pathways to permanent housing that will provide more understanding and best practices to support resolving this social issue. It is also recommended that more direct efforts by outreach groups and outreach programs occur, are informed of the needs of this population in a one on one face to face setting to connect men to all these services

available to assist them in their journey, and that these services are designed just for them to understand and maintain self-efficacy. Suggestions included more training for field work, motivational interview, encouragement, and skills of empathy, and direct approaches toward homeless people. Just making services available is not enough. Direct connection between service users and service providers is needed to make these efficacious. It is recommended that the GSE be used a tool to measure self-efficacy over time with this group and other groups with the homeless population. Lastly, it is recommended for more research and comparative studies to identify and focus in on what specific needs and services are needed for specific age groups, gender, and race.

Implications

The purpose of this study was to explore the lived experiences older, African American homeless men who were trying to reestablish themselves back into the community, and maintain self-efficacy, after the experience of homelessness. The critical and fundamental social change implications that I suggested from this study were the influence and derivatives from the analysis of the lived experiences of 10 African American homeless men who are participating in various programs trying to transition into permanent housing. Other influences were derived from literature and the conceptual framework that indicated the need for these men to determine their means of coping with homelessness. Moreover, the goal was to understand and learn how self-efficacy is maintained and to identify what possible supportive services are needed to maintain self-efficacy (Bhogaonker, 2012; Brown & Mueller, 2014).

Positive Social Change

There is a need to move the service providers into the field instead of waiting for persons with needs to walk through their doors seeking help and services. It seemed that these men did not know about the many services that were available to help them. Having concerns about these men, being African American, 50 years old and older, and experiencing years of homelessness is essential to our advancing society. Awareness, knowledge, and provisions could provide a cultural value of independence, and self-containment that will help this population maintain self-efficacy.

Individual level. Because of the lack of self-efficacy, learned helplessness, and the need for cognitive restructuring, rehabilitation, habilitation, on an individual level, there is a gap between the service user and service providers. Data showed how most of these older African American homeless men were participating in a program and receiving services for the first time after being homeless for years, ranging from one to over 30 years of being homeless. Social change is needed in means of communicating and providing more awareness to these individuals. The need for more outreach services are needed.

Family level. Data indicated that because of drug and alcohol, mental, and psychosocial environments, families have been disrupted. These issues have caused family separation, housing loss, unemployment, and incarcerations. As previously stated, more outreach services are needed to inform families about service provisions for them as well as their family member in need. Data suggests how the family is left by the

individual to provide for themselves after depending on them emotionally, and financially. Participant 2 stated,

> I would stay out for days, and one day when I came home, I was served divorce papers. My decision was not to stop getting high and provide for my family…but to leave them to provide for their selves. I used drugs and was homeless over 30 years.

More research is needed to understand the families lived experiences and self-efficacy.

Community level. Data has indicated that there is a service to help these individuals. There are housing programs, drug and rehab facilities, case management, probation officers, social security benefits, the Department of Public Welfare, are just a few. These mentioned are most talked about and known by these participants; however, it was known after length of homelessness, incarcerations, and recidivism. After repetitive and compulsive behaviors, drugs and alcohol addictions, and mental health issues, these services were suggested, and the individual, again, needed to go to the services to get the necessary help. With Participant 10, he has never had his own anything, and lived most of his life in the streets. He stated,

> When I was offered services, it was for the first time, and I did not know they existed. I been living this lifestyle all my life, living the way I knew from the streets; I wanted help but didn't know where or how to get it.

How are services helpful when people do not feel or know that the services are for them? In short, less focus on adding services, more focus on outreach is needed on the community level.

Society/government level. The overall social system could be responsible for ensuring and providing awareness and knowledge about the various services to all levels, individual, family, and community. The theoretical framework used in this study proposed that people's needs influence their behaviors and" Maslow's hierarchy of needs is motivation for an individual to achieve self-efficacy" (Thielke et al., 2012, p. 472). The need for safety and security, love, affection, and belongingness require social implementation from all levels, especially the societal level. It is at this level that influences Bandura's four sources for maintaining self-efficacy. They are (a) "mastery experiences" (accomplishments and personal performances) (b) "vicarious experiences" (watching and attaining others' performances) (c) "persuasion" (supports from others to engage in activities) and (d) "physiological and affective states" (emotional and physical responses to personal experiences) (Bandura, 1977, p. 195). Therefore, at the governmental level, more support for community investment in promotional awareness, education, knowledge, training, and implementations of outreach through community levels to families and individuals is needed, to help each individual find support and learn how to maintain self-efficacy during their lifetime.

Conclusion

One thing that I found to be imperative was defining and describing what is self-efficacy with these men. The first few words of the meaning being most essential, that is, "a person's beliefs" about his/her capacity to initiate, pursue, perform, and successfully execute specific tasks **(**Bandura, 1977; Brown & Mueller, 2014; Parker et al., 2016, p. 203). What I found to be imperative was the word "belief." For a person to execute tasks,

have a sense of control over one's environment, and having the willingness to allow influence from others. To change negative behavior requires self-efficacy and includes having the "belief" and confidence that he can preserve toward positive results that will help maintain the self-efficacy (Bandura, 1977, 2001). My goal was to see if further investigation would help to understand how maintaining self-efficacy moves toward housing security, provide stability, and being self-efficient.

Again, the research question was: How do older African American homeless men who are trying to reestablish themselves in the community, experience and/ or maintain self-efficacy after experiencing homelessness? Literature indicated that a central role for this concept of self-efficacy was to provide a basis for analyzing changes in avoidant and fearful behaviors; in this case, older African American homeless men's experiences of maintaining self-efficacy after experiencing homelessness (Bandura, 1977). If homeless, older African American men are motivated in keeping with the theory of Maslow's (1943) hierarchy of needs and Bandura's (1977) theory of proposed sources related to self-efficacy (Bandura 1977; Thielke et al., 2012); then, perhaps effective decisions making may be beneficial and enhance their lives.

Through the survey with the GSE Scale, results indicated at that time and moment, that these men scored moderately high in areas that would deem them to have a sense of self-efficacy. As previously stated, the range of total self-efficacy score for these participants ranged from 7 to 35 out of possible 40 points, suggesting not all the participants experienced high levels of self-efficacy. However, the data provided codes, categories, and themes that suggest these men need assistance to learn concepts that will

help them to maintain self-efficacy for a lifetime and achieve positive outcomes during the journey. Furthermore, from the analyses, recommendations and implementations suggest for more outreach services to promote awareness and acknowledgement of services that are available to them and understand that these services are designed just for them. This should start at the governmental level implementing more research studies, and trainings to the community level to provide more hands on and outreach services to the family level and especially the individual level.

There is so much more work to be done to decrease and/or solve this societal issue of homelessness. Greater awareness of the lived experiences from homeless individuals can provide more understanding for political and government, and the community base service provider. The more awareness, and understanding, the better services can be provided to help homeless individuals, and families, with focus on older African American homeless men, to maintain self-efficacy.

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Appendix A: Sample Interview Questions

1. Are you participating in a housing program or staying in shelter? If so, describe your experience there.
2. Have you ever participated in a program or stay in shelters prior to now? If so, describe your experience from before.
3. If you have experienced being in a program prior to this, explain how or why you are in a program again.
4. Can you tell me why and how you decided not to be homeless and seek help?
5. Were there resources available for you to get the help you needed?
6. Do you want to re-establish back into the community?
7. Can you describe what it means to you to be re-established into the community?
8. Please describe the types of resources you need to re-establish you back into the community.
9. How will these resources help you re-establish yourself?
10. Have you been able to maintain housing before?
11. Please describe the types of resources you need to maintain housing.
12. How will these resources help you maintain housing?
13. Have you ever been self-efficient?
14. Do you understand what it means to have self-efficacy or be self-efficient? If so, please describe this in your own words. If not, may I define it, so that can you describe it in your own words?
15. Please describe the types of resources you will need to maintain self-efficacy.

16. How will these resources help you maintain self-efficacy?
17. Do you have any interest and hobbies? If so, please describe what they are?
18. What are your strengths, and describe how you will use them to maintain self-efficacy?
19. What are your weaknesses? Can you describe how you will address them?
20. What goals do you have? Can you describe how you plan to pursue them?

Appendix B: General Self-Efficacy Sale Results

THE+A2+A1:H14+A2+A1:H14+A2+A1:H14+A1:H15+A1:H17+A1:H14					
GSE SCALE STAMENTS		RESPONSE FORMAT			
		Not at all true	Hardly true	Moderately true	Exactly true
1	I can always manage to solve difficult problems if I try hard enough		2	7	1
2	If someone opposes me, I can find the means and ways to get what I want		4	2	3
3	It is easy for me to stick to my aims and accomplish my goals		5	2	3
4	I am confident that I could deal efficiently with unexpected events.	2	4	3	1
5	Thanks to my resorcefulness, I know how to handle unforeseen situations.		1	3	6
6	I can solve most problems if I invest the necessary effort		1	3	6
7	I can remain calm when facing difficulties because I can rely on my coping abilities.	1	3	2	4
8	When I am confronted with a problem, I can usually find several solutions.	1	2	3	4
9	If I am in trouble, I can usually think of a solution.	2	1	3	4
10	I can usually handle whaterver comes my way	1	4	2	3
TOTALS		7	27	30	35