2023

Human Services Professionals' Perspectives on U.S. Homeless Veterans' Access to Social Services During the COVID-19 Pandemic

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2023

Abstract

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by

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MPhil, Walden University, 2020

MBA, Marylhurst University, 2012

BS, Hampton University, 2010

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Human and Social Services

Walden University

June 2023

Abstract

American veterans who are homeless can face significant challenges accessing social services, and these challenges were further exacerbated during the COVID-19 pandemic. The purpose of this study was to explore the experiences of homeless veterans in seeking services during the COVID-19 pandemic through the perspectives of the human services professionals (HSPs) who provide support to veterans in the areas of mental health, housing, addiction, and food security. The first research question concerned HSPs' perceptions and interpretations of the strategies and barriers for homeless veterans in accessing services during COVID-19. The second research question addressed whether HSPs observed posttraumatic growth in veterans during this period. Ajzen's theory of planned behavior together with Calhoun's theory of posttraumatic growth formed the conceptual framework for the study. A generic qualitative methodology was used. Ten HSPs were recruited as study participants and interviewed using the Zoom videoconferencing platform. Thematic analysis yielded four emergent themes: technology, transportation, income, and posttraumatic growth. Access to existing resources was the main barrier to services that homeless veterans faced during the key findings further understanding about the impact of the COVID-19 pandemic on veterans' experiences of mental health issues, homelessness, addiction, and food insecurity. This study may contribute to positive social change by informing veterans' agency administrators and social services providers about both the needs of, and opportunities for, homeless veterans during this challenging time.

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Dedication

This dissertation is dedicated to my husband and United States Marine Corps veteran, the late Reverend Michael Hobbs. Although you are not here physically, your spiritual presence has helped guide me through this journey called life. To our daughters, Michelae (James), Halae, and Faith (Abhinav), you all inspired me to be the best parent and grandparent. I pray that you all have learned from me to never give up and to believe that all things are possible. Your love and support encouraged me to take my experiences to The Next Level.

I am so grateful to my parents, the late Mr. Roy E. Ford Sr. and the late Mrs. Stella Ford, and my parents-in-law, the late Mr. Alfred Hobbs and the late Mrs. Helen Hobbs, and my grandma the late Mrs. Lucille Hobbs, who taught me and my family the word of God and that all things are possible. I also dedicate this dissertation to my other family members, my church family, and my friends for their encouragement.

Acknowledgments

To God be the glory for the great things He has done. Thank you, God, for allowing me to stay inspired by your words. I would like to thank my committee chair, Dr. Barbara Benoliel, for all the encouragement, feedback, and wisdom to thrive. Thanks also to my committee member, Dr. Kecia Freeman, and my university research reviewer, Dr. Kimberly Farris.

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Chapter 1: Introduction to the Study

In March 2020, the Centers for Disease Control and Prevention declared a national emergency pandemic in response to the coronavirus disease named COVID-19 (Stirling & Scoones, 2020). The pandemic affected millions of lives across the world (Marshall et al., 2020). Since the pandemic began several predictive modeling studies have been investigated to design the best tools to support and provide accurate predictions of confirmed cases and deaths worldwide study has yet been recommended and is ongoing (Sperandio et al., 2023). The challenges of the COVID-19 pandemic extended beyond a health crisis in local communities. The impact of COVID-19 expanded to the dynamic of a transformation in the world with the working population being divided between those privileged to work remotely and those deemed as essential workers who continued to work outside their homes (Loustaunau et al., 2021). The pandemic continues to be characterized for some by deep fears, worries, and uncertainty, posing a heavy burden for those caring for affected individuals and in preventing the spread of the disease (Abbott, 2021).

Among the many populations that were affected by COVID-19 were homeless veterans trying to seek services during this period. According to the United States Department of Veterans Affairs (VA), in 2019 prior to the pandemic, approximately 37,085 veterans in the United States were homeless. Further, prior to the pandemic, concerns existed regarding homeless veterans receiving timely social services (Wynn et al., 2021). Veterans may have already had challenges asking for help. The impact of

COVID on these veterans seeking services was to make access to services almost impossible (Wynn et al., 2021).

In this study, I explored the perceptions of human service professionals (HSPs) who provided social services to homeless veterans during the COVID pandemic. Those perceptions encompassed what HSPs knew about the experiences of homeless veterans in accessing social services during the pandemic and included homeless veterans with complex health and wellness needs (see Druss, 2020). The findings of this research may help in understanding and addressing the impact of a pandemic specifically COVID-19 on veterans' mental health, homelessness, addiction, and food insecurity. Further, stakeholders may be able to apply the study findings to efforts aimed at improving homeless veterans' access to social services in future pandemics.

In Chapter 1, I introduce the major sections in the research study. The chapter includes the research problem, intent of the study, research questions (RQs), and theoretical framework I used to explore HSPs' views on homeless veterans' journey. The chapter also includes discussion of the nature of the study, including the suitability of the research design and methods in addressing the research problem. I also define key terms and discuss assumptions, delimitations, and limitations critical to the concepts identified in my study. The significance of the study is also addressed.

Background

Many veterans experience challenges related to coping and adjusting to life after military deployment (Meshad, 2017). These challenges were compounded for the more than 3 million veterans who were deployed to Middle East war zones post-9/11 (Weiss &

Grasser, 2019). According to Vogt et al. (2018), these soldiers saw multiple deployments and upon returning home, were at risk of additional medical conditions compared to prior war veterans. For example, the impact of service-linked posttraumatic stress disorders (PTSD) on veterans when they return home from combat zone ranges from mild or moderate to severe (Zalta et al., 2018). Without appropriate assessments, veterans coping with PTSD may encounter substance abuse and homelessness (Derefinko et al., 2019). Further, veterans with service-linked PTSD may need counseling and alternative coping programs and techniques to maintain well-being as they transition into a civilian lifestyle (Voorhees et al., 2018). With the increased risk of medical conditions for Iraq and Afghanistan war veterans returning home, access to social services has become a critical concern and one that needs to be evaluated (Lippert et al., 2015).

Although veterans' posttraumatic trauma has been documented, posttraumatic growth (PTG) and increased resilience can also occur (Davis & McKearney, 2003). PTG is a process to overcome challenges in difficult situations. The occurrence of PTG after experiencing traumatic events can help individuals think more and improve coping measures more proactively (Zeng et al., 202) PTG and increased psychological resilience in homeless veterans can occur as they adapt to changes brought about by the pandemic because of their prior military training (Yi et al., 2020). HSPs providing services to veterans may observe homeless veterans' experiencing growth during the COVID-19 pandemic. Although veterans may not see their own experiences as growth, HSPs may see positive coping and positive change. Exploring HSP perceptions and interpretations of homeless veterans' PTG may provide insight that stakeholders can use to improve

social services for veterans in future pandemics. Human experiences as events that make people happy are different from culture to culture (Oishi et al., 2013). The concept of happiness for most individuals is viewed as something that contributes to patterns of positive results (Kesebir & Diener, 2009).

Problem Statement

Homeless veterans may have challenges accessing VA social services. María-Ríos and Morrow (2020) found that without access to health care options, some veterans self-medicate with drugs and alcohol to manage mental health. Before the pandemic, Bryne et al. (2016) noted that data from the VA health care services did not reflect homeless veterans' mental health conditions if the veterans were not accessing services from the VA. Thus, later researchers sought to understand the best approach to address homeless veterans' access to social services (Fedorowicz & Burrowes, 2020).

During the COVID-19 pandemic, the problem of homeless veterans' access to social services was compounded due to temporary agency closures. Researchers have investigated how the COVID-19 pandemic has affected homeless veterans' ability to receive social services. Liu et al. (2020) conducted a study on individuals to identify the effectiveness of telehealth treatment during the COVID-19 pandemic. In another study, homeless veterans with limited access to technology were found to have difficulty in accessing or maintaining social services (Wynn et al., 2021). Although some researchers have examined homeless veterans' use of technology to access social services, I have not found any studies that focused on HSP perceptions and interpretations of homeless veterans' access to social services during the COVID-19 pandemic. Further, I have not

found any studies that considered HSP perceptions and interpretations of homeless veterans' PTG while accessing social services during the COVID-19 pandemic. A gap therefore existed in knowledge of this topic.

Purpose of the Study

The purpose of this generic qualitative study was to examine HSP perceptions and interpretations of homeless veterans' mental health, homelessness, addiction, and food insecurity during the COVID-19 pandemic. I explored HSP perceptions and interpretations of homeless veterans' experiences to understand how homeless veterans' view their health and housing issues while accessing social services during the COVID-19 pandemic (Druss, 2020). Further, I examined participants' perceptions regarding their experiences with homeless veterans during the COVID-19 pandemic to determine whether veterans experience PTG. I used Yin's (2014) approach to qualitative research to answer the RQs. This study may have implications for HSPs' efforts to assist homeless veterans in becoming stronger and creating a better future for themselves. Understanding how veterans coped with pandemic-associated challenges may provide the development of a new theory about PTG (Hobbs, 2021). PTG will inform how veterans can grow stronger continuously after a traumatic event and elevate to their next level. While feeling stronger because of trauma may lead to growth of self-confidence.

Research Questions

RQ1: What do HSPs see as strategies and barriers for homeless veterans in accessing social services during the COVID 19 pandemic?

RQ2: What, if any, PTG did HSPs observe in homeless veterans seeking services during the COVID-19 pandemic?

Conceptual and Theoretical Framework

Ajzen's (1985) theory of planned behavior (TPB) and Hobbs's (2021) PTG theory provided a framework for exploring HSPs' perspectives on homeless veterans' access to services during the COVID-19 pandemic. TPB addresses people's planning before taking action, including (a) the individual's way of thinking; (b) subjective norms or social pressures, or relevant beliefs that the individual could perform such behaviors; and (c) perceived behavioral control or intent and capacity to perform a specific behavior (Ajzen, 1985). TPB describes cognitive regulations that influence and motivate behavior (Ajzen, 1991). The first construct is thinking and attitude towards the behavior. The second predictor, a social factor, creates a subjective norm for comparison and refers to perceived social pressure to participate or not participate in the behavior (Ajzen, 1985). The third predictor is perceived behavioral control, which refers to having a purpose for the action and the capacity to successfully act. Ajzen (1991) proposed that the purpose of an action influences behavior and increases the likelihood of success. TPB provided a lens to understand how veterans managed their health care needs during the COVID-19 pandemic through analysis of their nonverbal behaviors. According to Kontoangelos et al. (2020), the psychological effects from the pandemic could cause extraordinary stressors resulting in relapse for patients with psychiatric disorders. Yu (2021) found TPB beneficial for researchers who wanted to examine behaviors and predict lifestyle changes.

I used TPB to identify strategies that stakeholders can potentially to provide services for homeless veterans in a pandemic context.

I used TPB as a framework for understanding veterans 'responses to challenges they faced transitioning from the military to civilian life including mental health dilemmas and access to social services that are not available in a timely manner (see Derefinko, 2019). The theory was further appropriate because, according to Derefinko (2019), Veterans experiences have a meaningful influence on their emotions, thoughts, and behavioral processes which is a connection between their perceived needs associated with common issues they experience or witness during military transition. TPB provided an appropriate lens for examining the perceived needs of veterans transitioning out of the military and how they coped with receiving social services and health care.

The impact of military conflict on veterans 'minds has been recognized for some time (Birmes et al., 2003). Psychological issues were recognized by the Swiss Army in 1678; doctors called the disorder "nostalgia," common symptoms of which were loss of appetite, anxiety, and insomnia (Birmes et al., 2003). Since then, Doctors evaluated army personnel's frame of mind and identified patterns in behavior (Birmes et al., 2003). Similarly, clinicians have used TPB to predict the behaviors of many veterans who developed symptoms related to mental illness. Further, TPB is used in analyzing HSP perceptions of the impact of veterans' military experiences when accessing social services during the COVID-19 pandemic. Johnson et al. (2017) used the TPB to examine veterans' perceived challenges in accessing social services. In another study, Wynn et al. (2020) used the theory to analyze HSP perceptions and interpretations of the impact of

social determinants such as mental health, homelessness, addiction, and food on homeless veterans' access social services during the COVID-19 pandemic (Wynn et al., 2020).

How people responded to the COVID-19 pandemic may have differed among populations. In a study conducted in Hong Kong, Yu et al. (2021) used the TPB to understand the impact of social and physical distance in social gatherings globally. Yu et al. investigated levels of understanding of preventable behaviors related to COVID and the relationship between levels of understanding, mandated measures, and behaviors aligned with mandated measures. Yu et al. sought to understand three social distancing measures: (a) number of close physical contact, (b) avoidance of social gathering, and (c) physical distancing in public venues scale. Yu et al. found mixed opinions in the Hong Kong population. This study suggests that cross-cultural studies are required to compare levels and factors of social distancing to create evidence-based programs to enhance effective social distancing (Yu et al., 2021). Sociodemographics and perceptions associated with TPB are important factors to consider for understanding of COVID-19 health-related behaviors (Yu et al., 2021).

The theoretical framework for this study also included PTG. Tedeschi and Calhoun (2004) described the expression of PTG as (a) appreciation for life, (b) meaningfulness of relationships, (c) personal strength, (d) change of priorities, and (e) increased spirituality. The concept of growth through adversity may refer to a psychological benefit that occurs after addressing a challenge and experiencing improvement (Tedeschi & Calhoun, 2004). Coping with traumatic events by oneself and experiencing improvement may provide motivation towards achieving a goal (McFarland

& Alvaro, 2000). PTG is similar to resilience where resilience is defined as a human trait referring to an individual's ability to resist, recover, and spring onward from stress and hardship (Chmitorz et al., 2018).

Using the framework of TPB and PTG, I analyzed HSP perceptions and interpretations of the impact of pandemic measures on homeless veterans' access to social services during COVID-19. TPB provided a lens for understanding how homeless veterans coped with challenges in accessing social services during the COVID-19 pandemic. PTG yielded insight on veterans' resilience in coping with pandemic measures and their capacity to grow in that process.

Nature of the Study

I used a generic qualitative approach for this study. According to Cannella et al. (2015), the effectiveness of qualitative research lies in its ability to further understanding of social problems. A generic qualitative study was an appropriate methodology to examine the challenges of homeless veterans accessing services during the COVID-19 pandemic (Elliott, 2021). Generic qualitative studies can facilitate a deeper understanding of homeless veterans 'growth during a pandemic (Walker et al., 2020). However, due to the fear of COVID-19 spread and public health officials' recommendations and mandates to stay at home and maintain social distancing, (Bansal et al., 2020) gaining access to homeless veterans during the COVID-19 pandemic was a challenge. Thus, to understand homeless veterans 'experiences seeking social services during the COVID-19 pandemic, I explored perceptions and interpretations of HSPs who provided services to homeless veterans during the pandemic.

For this generic qualitative study, interviews were the primary data collection method. The target number of participants was five to 12. I recruited HSPs by posting flyers near VA centers, social service organizations, and homeless shelters (see Appendix A). I generated and analyzed data from interviews with HSP participants using open-ended questions. Using open-ended interview questions in a generic qualitative study offers the ability to explore memories and reflections on the meaning of lived experiences (Elliott, 2021). According to Xu and Storr (2012), data analysis describes the process for transparency and validates the research enhancing confidence in the findings of the study. I used codes to identify and organize data into categories from which I developed themes. I interviewed participants via Zoom and recorded virtual interviews to assist in analyzing the recorded data (see Hunziker & Blankenagel, 2021).

Guest et al. (2013) explained the importance of ethics committees, consent forms, and boundaries. I followed ethics codes to protect participants' confidentiality. In conducting qualitative research, the researcher and participants may represent different cultures; the research challenge was to gain understanding of the participants 'perceptions and interpretations within their culture. I strove to pose unbiased questions to gain this understanding (see Toepoel, 2017). As per guidelines for ethical research, I submitted my proposal to the Walden University Institutional Review Board (IRB). I reviewed the research participants 'questionnaire with a committee, addressing ethical dilemmas. If a participating HSP disclosed information about a homeless veteran that might be ethically questionable, I followed the IRB process for guidance how to recognize concerns of my role as a researcher (see Xu & Storr, 2012). I used a consent form approved by the IRB.

Definitions

The following are key terms and definitions used in this study:

Coronavirus disease (COVID): A type of viral pneumonia caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV2; Dousari et al., 2020).

Homeless veteran: A service member who served in the active military, naval, or air service and who was discharged or released under conditions other than dishonorable and who lacks a fixed, regular, and adequate nighttime residence.

Postdeployment: The period after active-duty service during which members return home and permanently leave their assigned duty station.

Posttraumatic stress disorder (PTSD): A disorder that results from exposure to actual or threatened death, serious injury, or sexual violence in one or more ways (American Psychiatric Association, 2013). PTSD may involve the direct experience of a traumatic event(s) or the witnessing of an event(s) as it occurs to others (American Psychiatric Association, 2013).

Telehealth: The use of technology such as computers, tablets, or smartphones to remotely access health care services and manage health care.

Technology: Videoconferencing, the internet, streaming media, and wireless communications.

Veteran: A person who served in the active military, naval, or air service, and who was discharged or released in conditions other than dishonorable. The period of service must include service in active duty for purposes other than training.

Assumptions

Assumptions are essential elements of a study that may be true but are beyond the researcher's control (Leedy & Ormord, 2014). Assumptions in qualitative studies start with certain misrepresentations about facts caused by an extreme change (Yin, 2018). Ideas and beliefs presented as unproven facts are assumptions (Yin, 2018). My first assumption was that data collected from the HSP participants would be accurate and that participants would be truthful with their answers. My second assumption was that HSP perceptions and interpretations about homeless veterans during COVID-19 might yield knowledge that could be used to improve social services. The last assumption was all HSP participants were honest about working with homeless veterans during the pandemic.

Scope and Delimitations

The scope of the research was HSP perceptions and interpretations about the experiences of homeless veterans in finding social services during the COVID-19 pandemic. This study took place in a southern metropolitan area. This study included only single homeless male veterans. I recruited HSPs based on their experience providing social services to homeless veterans who had diagnosed and undiagnosed with military trauma. Data for the study were obtained from interviews with HSPs working with homeless veterans during the COVID-19 pandemic.

Limitations

Standard limitations of qualitative studies applied to my study. I considered including former HSPs because they might have a broader perspective on veterans

finding social services. HSPs working remotely had limited perceptions and interpretations about homeless veterans due to the pandemic-limited face-to-face visits were replaced by online telehealth social services appointments (Amadasun, 2020). Also, responses of homeless veterans who have trust issues with civilians documenting social service cases may have distorted participating HSPs' perceptions and interpretations.

I anticipated some challenges. One was that HSPs in the study may not be able to access virtual technology such as Zoom, Microsoft Teams, or Google Duo. Also, participants may not respond to phone calls, text messages, and emails for follow-up questions. HSPs may withdraw from the interview without notification. I assumed that some participants might have challenges interpreting and responding to my questions. Foreman (2018) explained that vicarious and secondary trauma can be triggering when counselors are engaged in describing their own or others' pain, fear, and panic. Therefore, I assumed that the sharing of a veteran's trauma story during a participant interview could cause burnout, for the participant or for me.

Significance

This study is significant in that this research may address a gap in understanding of the perceived experiences of homeless veterans in receiving social services during the COVID-19 pandemic. The results of this study may provide insight about social services for homeless veterans regarding accessing technology and the impact of virtual social services for veterans with limited experience using telehealth and uploading documents. On a community level, local organizations that provide social services to homeless veterans could also coordinate with the VA to increase social services for veterans. As a

Walden University student, the potential for this research to effect positive social change was important to me. This dissertation may inform advocacy that supports social change in improving the lives of homeless veterans during a pandemic.

Summary

I examined reported challenges homeless veterans and their service providers have faced during the COVID-19 pandemic. In Chapter 1, I provided an overview of the research study, identifying the conceptual and theoretical base and methodology used to conduct the study. Findings from this generic qualitative study may help HSPs improve or adjust their approach in a pandemic to better serve homeless veterans.

In Chapter 2, I explore relevant research that substantiates my choice to examine HSPs' perceptions of homeless veterans' experiences in accessing social services during the COVID-19 pandemic. I review research literature on common issues among veterans after military discharge, homeless veterans' access to health care, pandemic coping experiences, and challenges facing homeless veterans in accessing social services during the COVID-19 pandemic (see Banducci, 2020). As I discuss, the evidence demonstrated a gap in the literature about perceived experiences of homeless veterans with military trauma and other social needs during the COVID-19 pandemic.

Chapter 2: Literature Review

Introduction

The purpose of this research study was to explore the experiences of HSPs during COVID-19 in providing social services to homeless veterans characterized by their support for the social determinants of health, including help with mental health, homelessness, addiction, and food security. I explored how HSPs perceived and interpreted the strategies and barriers of homeless veterans in accessing services during the pandemic. I also explored HSPs' perspectives on whether these veterans experienced any PTG during this period. I used theories of planned behavior (Ajzen, 1991) and PTG (Tedeschi & Calhoun, 2004) as the conceptual framework to examine homeless veterans' journey. Gaining knowledge relevant to the experiences of HSP may yield insight that can be used to improve social services for future pandemics.

Chapter 2 includes a review of the literature that informed this study. I begin by describing the literature search strategy and by discussing the conceptual and theoretical framework identified for this study. I then explore the issues veterans face after military deployment, their challenges in self-sustaining, their experiences accessing support services generally and during COVID-19, the challenges facing HSPs in providing services, and ways in which veterans cope with their challenges.

Literature Search Strategy

I used the Walden University Library as my main resource to locate and access empirical research literature. I searched the Military and Government Collection, SocINDEX with Full Text, PsycINFO, and Google Scholar databases and search engines.

The keywords used in the searches were *homelessness*, *veterans*, *injury*, *PTSD*, *posttraumatic growth, mental health, addiction, drugs, alcohol, housing, mental illness, COVID-19, social services, human service professionals*, *veteran services, homeless veteran services, COVID-19 social services, risks, planned behavior, theory of planned behavior,* and *taking it to the next level*.

Conceptual and Theoretical Framework

I identified two frameworks appropriate for this study: PTG (Tedeschi & Calhoun, 2004) and TPB (Ajzen, 1991). I used these frameworks to explore perceptions and interpretations of HSPs related to the provision of social services to homeless veterans during a pandemic. Use of these frameworks may assist HSP in understanding veterans 'thinking and planning to grow stronger for a better future.

The experience of personal growth resulting from past crises has been reported throughout history and around the world (Matsumoto & Juang, 2016). Matsumoto and Juang (2016) found that there can be posttraumatic personal growth in target groups defined by age, generation, disability, religion, ethnicity, social status, sexual orientation, indigenous heritage, national origin, and gender. Tedeschi and Calhoun (2004) described PTG as addressing a "positive psychological change experienced as a result of the struggle with highly challenging circumstances" (p. 1). Tedeschi and Calhoun's PTG model includes individuals 'characteristics, supportive environments, and cognitive processing of traumatic events to describe growth as a process and not a solution. Tedeschi and Calhoun described the expressions of PTG as (a) gratitude for life, (b) significance of relations, (c) personal strength, (d) transformation of properties, and (e)

enhanced spirituality. When a veteran experiences PTG, they have lived through a traumatic event and coped with it, experiencing growth in self-reliance beyond where they were before the occurrence of the traumatic event (Tedeschi & Calhoun, 2004). Testa and Sangganjanavanich (2016) explored correlations among mindfulness, emotional intelligence, and lower burnout scores and identified specific qualities about PTG experiences that could lessen homeless veterans 'social issues. Hobbs's (2021) PTG approach as a frame for veterans 'journey will show the development of a new theory labeled, Taking It to the Next Level. The new theory reflects achievement of veterans in coping with past trauma and growing from their experiences as lessons learned elevate the veteran to the next level in life.

Therefore, TPB describes cognitive regulations that influence and motivate behavior (Ajzen, 1991). Ajzen's theory is designed to predict and explain human behavior in contexts and proposes that purpose of an action influences the nature of specific behaviors associated with increasing the likelihood of achievement. The first predictor in the framework is a person's attitude towards the behavior. The second predictor, a social factor, is subjective norms to behave in a certain way. This type of predictor also refers to perceived social pressure to participate or not participate in the behavior. The third predictor is perceived behavioral control and ability to act. Kontoangelos et al. (2020) used TPB as a framework to interpret nonverbal behaviors such as: social distancing, hand washing, wearing a face covering, and adding self-quarantined related health behaviors that could impact access and use of social services.

TPB was used in this research to explore challenges facing veterans and attitudes and behaviors associated with those challenges. Challenges for veterans include mental health dilemmas and access to social services that are not available in a timely manner (Derefinko, 2019). These challenges may be aggravated for veterans of color and veterans 'military experiences associated with specific military branches and service jobs (Johnson et al., 2017). Further, these challenges grown during the pandemic through requirements such as social distancing (Yu, 2021). Yu (2021) conducted a global study using TPB to explore social and physical distance during the COVID-19 pandemic providing important data regarding physical contact amidst social gatherings. TPB assisted in understanding how veterans coped with pandemic-associated challenges faced during the pandemic.

Literature Review of Key Concepts

The Process of Integrating Veterans Into Society Following Military Discharge

A veteran's transition from military to civilian life involves a process that can be positive or negative. When veterans return from military service, they need to adapt to the civilian environment, reconnect with family, and redefine their roles in the community, which can be overwhelming (Elnitsky et al., 2017). According to Wyse et al., (2018).) evaluating what determines a positive military transition compared to a negative military transition includes recognizing the various social, psychological, and physical issues they face and providing the appropriate level of support. Those with mental health issues such as traumatic brain injury or PTSD may require a higher level of support (Wyse et al., 2018). Therefore, assessing how well veterans are transitioning can help service

providers better understand the social challenges veterans are facing and thus improve their assistance in veterans ’adjustment to civilian life (Heflin et al., 2016).

Generational differences among veterans suggest different attitudes about accessing VA health care. Therefore, Iraq and Afghanistan veterans exhibit slightly more negative beliefs about mental illness and mental health treatment than veterans in World War II, Korea, and Vietnam (Frankfurt & Frazier, 2016) and thus Iraq and Afghanistan veterans may be reluctant to seek VA help. As a result, realizing veteran’s differences between service eras may contribute to recognizing various disorders and behaviors associated with military discharge today and thus better prepare those offering services (Carter, 2017).

Impact on Service Providers of Integrating Veterans Into Society

While veterans face challenges in transitioning to civilian life, so do their providers. While a belief has persisted that more education and experience an individual has, the less they experience compassion fatigue (Craig & Sprang, 2010), studies have found that mental health providers are at a higher risk of burnout in providing services to veterans (Garcia et al., 2016). Therefore, exposure to vicarious trauma has been an unavoidable part of the process when working with trauma survivors (Craig & Sprang, 2010). As a result, Friedman (2017) describes exposure to vicarious trauma occurring when counselors experience conversations of pain, sorrow, and frustration from veterans discussing their grief. Moreover, vicarious traumatization exposure according to Okafor, (2021) may contribute to lower work performance or behavior changes such as eating disorders and sleep loss. Therefore, trauma associated with compassion fatigue and

burnout, can result to a disorder in cognitive schemas which occurs when participating in empathic discussions with trauma survivors (Craif & Sprang, 2010). However, individuals experiencing compassion fatigue might present dissatisfaction, emotional numbing, and physiological problems (Dev et al., 2018). As a result, HSPs may experience social anxiety disorder symptoms when servicing homeless veterans who have experienced military trauma and have developed social phobias (Moranda, 2020).

Common Issues Among Veterans Following Military Discharge

Veterans experience a variety of issues after military discharge. The VA estimated that 8 out of every 100 veterans leave the military with a service-connected condition or issue (Murphy et al., 2018). Derefinko et al., (2019) found that 47% of veterans have experienced anger following military discharge, 48% reported disowned family relationships, and almost a third reported PTSD symptom. Further, issues can include social identity and relationships and physical such as financial (Meca et al., 2020; Wyse et at., 2020); can be managed (Wyse et at., 2020); but are often untreated (Van Slyke & Armstrong, 2020). Military war veterans with polytrauma/traumatic brain injury history have significant challenging times in transitioning into civilian life. Issues may be aggravated by services that are not available in a timely way (Stirling & Scoones, 2020). Veterans may face losses in securing housing, adjusting to change, and establishing new routines as they transition into the civilian culture (Lim et at., 2018). Further, veterans' perception of social services hinders the veterans' capability and desire to obtain services (Atuel & Castro (2018).

Veterans may have problems with their social identity and have difficulty adjusting to life with family, friends, and the community (Heflin et al., 2016). Studies have found social identity is often characterized by a change in group membership (Iyer et al., 2009). Social issues related to homeless veterans during the COVID-19 pandemic involve social anxiety disorder including fear of social contact and fear of being embarrassed and judged by others (Wynn et al., 2020).

Veteran's marital and family relations may dissolve due to stress from mental health issues (Rensaw & Cambell, 2011). Veterans returning home from military deployment may face challenges in reintegration with their loved ones (Elinitsky et al., 2017). Therefore, they may discover that their household responsibility has changed since they left (Shane & Kime, 2016). As a result, veterans can learn how to reclaim their position within the household (Batten et al., 2009).

Common Psychological Issues

Psychological issues such as PTSD arising from combat are recognized; others such as traumatic brain injury may be unrecognized both during and after deployment (Chase & Nevin, 2015; Elnitsky et al., 2017; Shepherd-Banigan et al., 2018). PTSD was recognized as early as 1678 when Swiss Army doctors called the disorder "nostalgia" (Birmes et al., 2003). The common symptoms were loss of appetite, anxiety, and insomnia (Birmes et al., 2003). Metraux & Smith, (2019) found that 10% to 17 % of veterans exposed to combat are affected by PTSD. While Metraux and Smith (2019) believe that PTSD and disruption of connections to family and community support are related to other behavioral health issues and substance abuse and increase the risk of

homelessness, they found Insufficient evidence to connect PTSD with homelessness. Regarding traumatic brain injury, Kaimal et al. (2019) found that the effect of military trauma contributes to 12% to 22% of diagnoses of TBI.

Further to mental health issues associated with direct combat, veterans may compound these issues when seeking integration and support after deployment. Veterans who have served exclusively in combat and non-combat zones, especially those with PTSD, face challenges that may require a period to readapt (Cooper et al., 2018). Because the Vietnam War was unpopular with many U.S. populations, veterans of the Vietnam era faced hate and harassment by the public on returning to the United States; this caused some soldiers to refrain from seeking help when they needed it (Hagopian, 2009). As a result, veterans may not seek help from VA programs due to stigmas about the VA providing bad services invoking veterans' lack of trust in accessing VA programs (Mette et al., 2011). Therefore, some veterans report being over-medicated after sharing their mental health concerns with an HSP (Bäuerle et al., 2020).

Veterans of color with mental health issues face more challenges than those of white non-Latino veterans as they transition from the military (Johnson et al., 2017). As a result, a national study involving veterans of color with mental health issues associated with combat deployment findings revealed that veterans of color with mental health issues are faced with more obstacles related to services and programs (Johnson et al., 2017).

Common Physical Issues

On returning to civilian life following military discharge, veterans that are wounded have physical issues and they vary according to the conflict in which they were engaged. Post-9/11 veterans had a significantly higher chance of having service-connected disabilities than another group of veterans: post-9/11 veterans had 43%, Gulf War veterans had 27%, and Vietnam veterans had a 16% chance of having physical issues compared to veterans with different service periods (Vespa, 2020). As a result, direct combat experience has been associated with a veteran's need to access programs and services as they transition to civilian life over time (Perkins et al., 2020). Since physical issues related to military service are often associated with trauma-related injuries, substance abuse, and mental health disorders (Vespa, 2020). These physical needs can go unmet when communities and service providers are not prepared with referrals for veterans to receive social support (Boland et al., 2018). Therefore, when social service and educational support are not included in veterans' transition out of the military. Financial stress, family problems, health issues, and substance abuse may cause a veteran to become homeless (Harris et al., 2017).

Furthermore, a veteran's behaviors can cascade into a downward trend that shows anger and frustration if their physical issues are not identified during the civilian transition (Batten et al., 2009). Renshaw and Campbell (2011) conducted a study to evaluate veterans who had difficulty adjusting to civilian life and that used substances or alcohol to escape or ease their physical or mental pain. This study revealed that these veterans may seek the use of alcohol or other unprescribed substances rather than seek

psychological counseling (Renshaw & Campbell, 2011). As a result, substance use can relieve the veteran from their pain and frustration but can lead to more stress on the veteran's loved ones (Pryor & DiNisco, 2008). Furthermore, Cooper et al. (2018) reported that it is not unusual for a veteran experiencing mental health challenges to have hostile behaviors that can easily lead the veteran into a broken relationship, isolation, and even homelessness. Lastly, Cooper et al. (2018) discussed educating loved ones on how to identify veteran's emotional triggers can help in identifying physical triggers and may reduce family stress.

Veterans with service-linked PTSD often face difficult challenges in finding and maintaining employment (Groah et al., 2017). Twamley (2019) conducted a study that examined how service-linked PTSD impacted veterans with traumatic brain injury or other mental health issues who wanted to maintain employment. These findings revealed that veterans who sustained mild traumatic brain injury should be able to return to their normal level of functioning. However, while traumatic brain injury may not be associated with homelessness, it may be associated with psychiatric symptoms and substance abuse disorder which could possibly increase a veteran's homelessness (Twamley, 2019).

Homeless Veterans and the Challenges of Self-Sustaining

In 2015 veterans accounted for 14% of the U.S. homeless population (Creech et al., 2015). Because of the high percentage of homeless veterans nationally, four federal departments—Housing and Urban Development (HUD), the VA, the U.S. Department of Health and Human Services, and the Substance Abuse and Mental Health Services Administration, collectively known as the Collaborative Initiative to Help End Chronic

Homelessness —formed a federal task force to solve and eliminate homelessness (Rickard et al., 2010). The taskforce created four core elements: Policy Group, Implementation Team, Technical Assistance, and Evaluation (Rickard et al., 2010). These elements produced positive outcomes and forecasted future outcomes such as workforce programs that support veterans as they transition into the civilian workforce and support programs for veterans with mental health issues associated with their service in the military (Rickard et al., 2010). Further, the VA and the HUD–Veterans Affairs Supportive Housing (HUD-VASH) developed a program that implemented the Housing First model to stabilize homeless people. Evidence-based results like Housing First, permanent supportive housing, affordable housing, and rapid rehousing have been connected to a 33% decline in veteran homelessness nationally (U.S. Interagency Council on Homelessness, 2015).

According to the Georgia Department of Community Affairs (2015), in 2015 40,820 veterans made up 12% of the homeless population in Georgia. Like veterans elsewhere, veterans in Georgia have problems in adjusting to civilian life and many are either homeless or in transitional housing. In 2013, Georgia had 450 veterans in transitional housing, per the Department of Community Affair's Homeless Management Information System. Between 2003 and 2009, 40,820 homeless veterans enrolled in the 24-month Grant and Per Diem Program (L. Brown et al., 2015). However, from surveying the medical problems experienced by veterans in this program, L. Brown et al. (2015) recommended that VA needs to reassess outcomes to reevaluate the Grant and Per Diem Program.

Cooper et al. (2016) suggested that military discharge into the civilian world is not a seamless experience for veterans. Therefore, military culture helps identify and promote qualities such as duty, discipline, unity, physical fitness, and self-sacrifice that guides veteran's conduct and promotes a unique collective identity (Harris et al., 2017). Although these traits within the military culture may help veterans form a strong group identity (Harris et al., 2017), the transition to civilian life is challenging. As a result, veterans may face loss in securing housing, adjustments to change, new routines from families, adjustments to a new community and employment, and addressing physical and mental health issues. Furthermore, combat veterans versus noncombat veterans may experience mental health issues in reintegrating into civilian life, believing that society does not understand them (Lane, 2021). As a result, a good transition process is one that provides a strong foundation for veterans as they adapt to civilian life now and in the future (Cooper et al., 2016).

R. T. Brown et al. (2016) compared adults, 50 and older, who were homeless for the first time to those who had multiple episodes of homelessness before age 50. The population were baby boomers born between 1954 and 1964. Participants reported their first episode of homeliness and their life experiences during three time periods: childhood (< 18 years), young adulthood (ages 18–25), and middle adulthood (ages 26–49). A structured modeling approach developed by Housing First Permanent Supportive Housing (PSH) was used to examine adults 50 and older. Furthermore, this study explored adults 50 and older who first became homeless after age 50 compared to adults who had multiple homeless experiences before age 50 (Raven et al., 2017).

As a result, this study identified homeless individuals who experienced homelessness for the first time at age 50 and older had significantly different life experiences compared to those who had experienced multiple episodes of homelessness before the age of 50. Individuals experiencing homelessness for the first time at 50 and older had unique health challenges and distinct life circumstances. Furthermore, this study reported a group that had 44.4% mental health issues and 39.4% had a positive screening for PTSD. As a result, individuals who had experienced homelessness multiple times before age 50 had a 57.1% occurrence of at-risk drug usage in the past 6 months. Additionally, these individuals who had experienced homelessness before the age of 50 previously had received government support, had difficulty paying bills, lacked a spouse or partner, had mental health challenges, and were underemployed. Furthermore, the focus of this study was associating the population as older homeless adults continue to increase and identifying suitable services.

Moreover, R. T. Brown et al. (2016) study reported that 59.9% of all aged 50 and up experiencing late-life homelessness, had been continuously homeless for more than a year. As a result, this study also examined Housing First Permanent Supportive Housing (PSH) approach which closely linked national strategies for ending homelessness. O'Connell et al. (2018) examined how the VA adopted the HUD-VASH program to offer immediate housing for veterans. This study was able to identify challenges homeless veterans experienced and evaluate programs to help reduce aging veteran's homelessness challenges (O'Connell et al., 2018). Since this study was conducted on aging veterans facing homelessness. This study was able to identify the highest rates of homelessness

among veterans 65 years and older are African American males. Furthermore, this study estimated that 91.1% were male, and a small majority of 52% were non-Hispanic Whites. As a result, this study discovered people 50 years and older experiencing homelessness also experienced geriatric conditions at rates higher than the general population who are 20 years younger. Another aspect the researcher discussed was veterans 50 years and older experiencing homelessness has increased and there are limited solutions for veterans to self-sustain. As a result, the homeless veteran population, and the pattern of risk for homelessness indicating the post-Vietnam era period has consistently been at the greatest risk for homeliness Tsai et al. (2019). Furthermore, since this study identified cohort effect was first identified in data about Vietnam veterans who are more than 30 years old. This study concluded that Vietnam veterans who returned home from deployment who were between the ages of 20 and 34 at the time were found to be at the highest risk for homelessness (Thoreau, 2018). According to Schrinka et al. (2016) study, found consistency with the same age cohort which is now appropriately aged 55–64 years old is at the greatest risk for homelessness compared to nonveterans. Furthermore, this research shows older homeless veterans face an increased risk of self-sustaining compared to non-veterans.

Findings from this study identified nonveterans Americans aged 50 and up are severely impacted by cost-burdened associated with housing costs. As a result, these findings raise questions as older homeless veterans with limited monthly income increase how these challenges will impact their ability to maintain permanent housing. Additional questions about older veteran's challenges to self-sustaining over the longer-term may

level off because of mortality, receipt of additional income such as Social Security, or eligibility for a nursing home, or senior housing program (Thoreau, 2018). Additionally, this study explored the challenges of short-term and long-term pathways of homelessness among older adults and how aging veterans will impact the VA health care system as a whole. Since this study projected the number of veterans 60 years and older experiencing homelessness for the timeline from 2010 to 2025 will increase by more than 14%. As a result, these housing challenges may vary if other programs such as more stable housing are available. Furthermore, this study found addressing future aging veteran's housing needs will continue to grow and age is a forceful factor in evaluating that 20% of veterans who enter VA homeless programs are age 55 or older. Lastly, Tsai et al., 2019) explored the need to develop a comprehensive education program for aging homeless veterans to learn about geriatric issues in housing placement and support for health care assessments, treatment, and referral.

Rural and urban geographical areas create challenges for directing homeless veterans to social services (Rickard et al., 2010). Structural problems such as affordable housing and poverty can be found in both rural and urban areas (Byrne et al., 2018). Access to support in mental health, substance abuse, and other health and recovery services and linking homeless veterans with VA services are important (Rickard et al., 2010). Therefore, VA services are more accessible to homeless veterans in urban areas (Rickard et al., 2010); however, homeless veterans living in rural areas tend to be overlooked when developing programs (Derderian et al., 2021). While social services including coordinated assessments to obtain program referrals are important to veterans'

sustainability, accessing these services in rural communities is challenging if a VA facility is not close by (Derderian et al., 2021). Furthermore, this study was able to identify veterans must travel to an urban area to receive social services (Byme et at., 2020). As a result, locating homeless veterans to move them to transitional housing can be challenging in rural settings (Byrne et al., 2018). Because in urban settings, homeless veterans can be found in the streets, in transit terminals, under bridges, in encampments, or in emergency shelters (Byrne et al., 2018).

According to Elbogen et al. (2013) lack of veterans' financial literacy increases the likelihood of homelessness. Furthermore, Elbogen et al. (2013) found that veterans may not have the ability to manage their household living expenses to align with their monthly budget. Therefore, Alschuler and Yarab (2018) explored military personnel that lived on base and had their basic financial expenses met but may not have learned the skills to financially manage money to be financially independent. For example, veterans who receive government benefits mistakenly believe if they worked, they would lose disability benefits (Price et al., 2019). These challenges may affect a veteran as they transition into the civilian culture (Atuel & Castro, 2018). However, according to Elbogen et al. (2013); Price et al., (2019) after military discharge, VA programs should add money management training to teach veterans the financial skills necessary to maintain housing over time.

Pizarro (2006) found that family problems can contribute to higher levels of homeless veterans. As a result, veterans returning to their families face mixed views from parents, siblings, and partners (Graf et al., 2011). Moreover, returning veterans bring

home physical and psychological wounds; families may or may not acknowledge a veteran's change (Graf et al., 2011). Veterans who are exposed to many traumatic events in civilian life, may experience traumatic events that can become permanent fixtures in their minds (Hardy, 2013). These invisible wounds may be camouflaged in the early transition but can increase as time progresses. Furthermore, these challenges often lead to veteran homelessness (Hardy, 2013).

Veterans' Access to Health Care

Upon returning home, veterans choose to access VA services or use non-VA community services. VA has created a network of providers for specified health services and 42% of veterans who served in Operation Enduring Freedom and Operation Iraqi Freedom that are discharged have obtained treatment at a VA facility, establishing the VA as the largest mental health provider in the United States (Breener et al., 2009; McGeary et al., 2014). While veterans with military combat backgrounds can receive social services such as health care, economic aid, and crisis support health care (Carter, 2017), veterans struggle with receiving services from the VA in a timely manner. Years of backlog exist (Sciarrino et al., 2020).

The VA acknowledges a veteran's family member as a primary caregiver who plays a significant role in assisting an adult with a chronic or disabling condition (Miler et al., 2019). However, according to the VA, almost 40 million family caregivers provide support services for their loved ones when their loved ones return home from military deployment with severe physical and mental health conditions. As a result, families acknowledge changes in veterans 'behavior (Shepherd-Banigan et al., 2018).

However, veterans' health care needs can extend beyond family caregivers to social services and veterans may avoid seeking social services. Veterans may lack knowledge (Gray-Stanley et al., 2010). Veterans fear the stigma of being labeled as having military trauma and other stress-related conditions because they fear it will overshadow their service to their country (Van Slyke, 2020). Therefore, veterans may self-medicate with drugs and or alcohol rather than seek social services from a human service professional (Tsai et al., 2014). Unfortunately, the substance use disorder may lead to more stress on the veterans' marital and family relationships (O'Keefee et al., 2020) and the veteran's turmoil within and consequent aggression can lead to a state of broken relationships, isolation, and homelessness (Tanielian et al. 2018; Taylor et al., 2020).

Further complicating access to health care, health care needs of homeless veterans are diverse and treating these needs poses more challenges than treating the non-veteran population (Kizer et al., 2000). Veterans experience more significant socio-economic hardships, comorbid illness, and poor self-reported health issues than nonveterans (Brenner et al., 2009). Bravo et al. (2019) showed that 49% of veterans sought mental health care and reduced treatment after 2 years of military discharge. However, only 46% of veterans attended more than two mental health sessions, and only 19% attended eight or more sessions (Bravo et al., 2019). As a result, Tsai et al. (2012) found that homeless veterans are generally older white males, well-educated with substance abuse issues. Conversely, a later study reported that homeless veterans are typically younger veterans, educated, and usually searching for residential treatment for drug and alcohol addiction

(Ho, 2020). Furthermore, minority veterans may experience bias in obtaining social services (Eliacin et al., 2020). According to Eliacin et al. (2020) a veterans' perception of racial bias when accessing social services are associated with veterans' views of feeling disrespect and cultural incompetence.

Homeless Veterans' Planned Behaviors

Predictions about human behavior reflect various unique situations that explain and describe the intention to perform a given behavior (Ajzen, 1985). Therefore, behavioral intentions can inform homeless veterans' behaviors and actions; these behaviors may reflect their past military experiences (Caelli et al., 2003: Cox et al., 2017). Thus, veterans seeking social services may display military behaviors after military discharge, reflecting the cultural influence of the military (Bäuerle et al., 2020). As a result, for homeless veterans self-medicating with drugs and alcohol, the fear of not finding social services during the pandemic may intensify their ability to relapse (Gabrielian et al., 2019). Further, aggressive behavior in a veteran exposed to civilian setbacks increases the likelihood of drug and alcohol use (Graf et al., 2011). However, within the sociodemographic characteristics and clinical profile of a veteran, TPB may frame the perceptions of HSPs about homeless veterans having a greater need for a PTSD assessment when they experience homelessness recurrences (Sciarrino et al., 2020).

COVID-19 Experiences of Homeless Veterans

The COVID-19 pandemic has impacted the homeless population, particularly homeless veterans' ability to receive services for social, psychological, and common physical issues (Perry et al., 2020; Sciarrino et al., 2020). Sciarrino et al. (2020) found

that COVID-19 has impacted homeless veterans' mental health. Leach et al. (2021) found increased levels of depression, anxiety, and loneliness. Further, veterans who had to be isolated, quarantined, or were diagnosed with COVID-19 suffered more significant psychopathology (Clair et al., 2021). As a result, Clair et al. (2021) compared homeless veterans to civilians and identified their everyday activities, practices, and health concerns that could increase substance abuse relapse during the COVID-19 pandemic. Moreover, to understand homeless veterans' vulnerability during the pandemic, one must identify factors impacting how homeless veterans with a history of substance abuse and lack of social skills can adequately make health care maintenance decisions (Moore & Skinner 2017).

The phenomenon of interest is understanding how veterans' military trauma influenced their coping skills during a pandemic and understanding if the lack of social services and an appropriate evaluation and assessment could contribute to substance abuse and homelessness. Homelessness and mental illness studies suggest that combat-related issues, such as military trauma and traumatic brain injury, are military injuries that likely increase veterans' emotional problems, drug abuse, alcohol, homelessness, and suicide (Bryden et al., 2019). Therefore, when compared to other areas of the social services workforce, the veterans' need for mental health services during the pandemic increased, and the ability to maintain mental health workers to provide services and support decreased (Xiang et al., 2020). Hagerty & Williams (2020) suggested that social distancing measures could lead to social isolation, exacerbating stress and vulnerability to mental illness. Bojdani et al. (2020) stated that during the pandemic, a lack of social

services for psychiatric patients and all others coping with isolation, loneliness, and suddenly losing a loved one will be impacted for years to come.

To evaluate coping experiences, Walker et al. (2020) studied older male veterans' mental health response and effectiveness during the pandemic. They found that veterans are resilient and often do not show increased psychopathology after a natural disaster, including a pandemic. This finding may differ from a study using younger male and female participants (Walker et al., 2020). As a result, Bojdani et al. (2020) found that homeless veterans experienced increased levels of depression, anxiety, and loneliness during the COVID-19 pandemic.

Few studies have explored the COVID-19 vaccination behaviors within the homeless veteran population. In Georgia, COVID-19 vaccine availability was originally designed for health care personnel, first responders, and people at increased risk of severe illness, including those 65 years of age and older (Haardeman et al., 2021). As a result, Balut et al. (2021) examined COVID-19 vaccination statistics of homeless veterans that received care at the VA. While COVID-19 vaccine is key to slowing the spread of the coronavirus for those experiencing homelessness, COVID-19 vaccination data for all homeless veterans is currently unknown if the veteran does not receive health care at the VA (Balut et al., 2021). Additionally, since the VA began distributing the COVID-19 vaccines to employees and veterans in December 2020 (Haardeman et al., 2021. The study found that HSPs can influence vaccine uptake in homeless veterans experiencing vaccine uncertainty if the veteran was living in a VA treatment center or nursing home or participated in a VA housing or supportive service program.

The COVID-19 pandemic has posed a unique and real threat to the well-being of homeless veterans (Balut et al., 2021). I evaluated homeless veterans' mental health care at the VA and explored COVID-19 vaccination behaviors. The results from this study found that veterans with mental health issues were more likely to receive the vaccine and that 45.8% of veterans experiencing homelessness in the U.S. have received at least one dose of the COVID-19 vaccine. Further, they found that homeless veterans' enrollment in VA health care, housing, and support services increased COVID-19 vaccinations.

Role of Human Service Providers in Providing Access to Veterans' Services During the COVID-19 Pandemic

The role of the HSP is to serve and protect the most vulnerable (National Association of Social Workers, 2017). As such, HSPs assist in providing direct social services to homeless veterans. Cooper and Briggs (2014) discussed HSPs' roles in disaster response, recovery, and disaster preparedness for future outbreaks. HSP services include planning for long-term, reliable, and timely interventions for coordination (Cooper and Briggs, 2014). As such, servicing veterans in a pandemic may require new procedures, implementing virtual social services, adapting transportation arrangements, funding, and reimbursement (Torous et al., 2020).

Therefore, during the COVID-19 pandemic, the VA rapidly decreased the number of outpatient appointments to reduce exposure to COVID 19 (Milam et al., 2021). As a result, social services from HSPs required scheduled telephone and online health appointments, and social service visits that are face-to-face by appointment only (Wynn et al., 2021). However, if a face-to-face appointment was available, mandatory health

protocols and symptom screening into a VA facility required answering a questionnaire (Milam et al., 2021). If a veteran answered “no” to all the prescreening questions, the veteran was provided access to the VA facility to meet with an HSP (Wynn et al, 2021).

Serafini et al. (2020) examined the experiences of HSPs in delivering social services while practicing social distancing with homeless veterans during the COVID-19 pandemic. This study found common psychological problems and consequences related to the mass quarantine which was imposed to reduce the spread of COVID-19. As a result, the psychological reaction of new COVID-19 cases formed a panic behavior, suggesting that poor or inadequate information from public health officials caused frustration that led to confusion (Serafini et al., 2020).

While HSPs’ increased usage of virtual social services during the COVID-19 pandemic increased some veterans’ access to social services (Garvin et al., 2021), only 49.9% of the homeless veterans who received a tablet had a video visit within 6 months (Eberly et al., 2020). As a result, Garvin et al. (2021) found that VA used video telehealth tablets to connect to veteran’s critical needs. Therefore, homeless veterans tablet users had a higher proportion of video visits for mental health appointments than housed veteran’s tablet users (Garvin et al., 2021). Although telehealth has the potential to increase homeless veterans with a unique program to obtain social services, the study found more tablet users were younger, middle-aged, and resided in rural areas (Garvin et al., 2021). Lastly, factors associated with lower tablet usage were age, race, urban location, and substance use disorder (Garvin et al., 2021).

Eberly et al., 2020 reported the COVID-19 pandemic required improvements to bridge the gap with homeless veterans accessing technology to attain services. As a result, this study compares the demographics characteristics of patients who completed their telemedicine encounters either by telephone or video with their health care (Eberly et al., 2020). Furthermore, this study examined 56.7% of patients had a complete telemedicine visit. Liu et al. (2020) conducted a study to identify the effectiveness of telehealth treatment during the COVID-19 pandemic and evaluated new strategies for clients who experienced psychological problems during a pandemic. As a result, Liu et al. (2020) found that online mental health services used during the COVID-19 pandemic could improve the development of emergency interventions and could impact the quality and effectiveness of interventions during a crisis.

While veterans with military combat backgrounds can receive social services such as health care, economic aid, and crisis support health care, veterans have struggled with receiving services from the VA in a timely manner (Sciarrino et al., 2020). As a result, veterans' need for services associated with the COVID-19 pandemic has caused the VA to develop unique methodologies using technology in providing social services (Sciarrino et al., 2020). Lastly, the development of video telehealth platforms allows veterans to use their mobile devices or personal computers to receive therapy remotely (Mcfarlane et al., 2020).

HSPs' role in the management of social services with a vulnerable population during a pandemic is vital. Since an HSP has an ethical duty to educate veterans' family members and others to identify all mental health symptoms to ensure veterans receive

access to the social services they need (Okafor, 2021). As a result, HSPs can enhance resilience in homeless veterans in a pandemic through facilitating critical awareness of mental health disorders (Moranda, 2020).

Therefore, as telehealth programs grow within the VHA nationwide, the ability to increase collaboration and communication among HSPs will require the office of Mental Health and Suicide Prevention to establish future protocols that will facilitate the use of virtual social services (Okafor, 2021).

Human Service Providers' Challenges in Providing Services During the COVID-19 Pandemic

Recognizing the impact on HSPs in providing services to military veterans, HSPs face further challenges in providing services during the pandemic. Zhou et al. (2020) found that globally, COVID-19 frontline workers are more likely will develop psychiatric symptoms than the public. Therefore, understanding a veteran's challenges may not be related to or like another veteran's experience and, as such, offer challenges for HSPs because often they are unaware of the veteran's experiences (Asmundson & Taylor, 2020). As a result, news coverage about the pandemic outbreak may increase confusion and stress levels of HSPs (Gabrielian et al., 2019). Furthermore, HSPs can feel more stigmatization from family and friends because of their workplace induces risk of spreading the coronavirus (Okafor, 2021). Therefore, in congregate settings, HSPs face ethical challenges in making decisions about providing standard care for homeless veterans that may not have met the privacy standards set by the Health Insurance

Portability and Accountability Act (HIPAA) (Department of Health and Human Services, 2020).

Banducci (2020) examined HSP post-traumatic reactions providing social services to homeless veterans during the COVID-19 pandemic. This study found HSP health and anxiety related to COVD-19 was associated with their perceived higher risk of veterans accessing mental health services in the long term (Banducci, 2020). As a result, the experiences of HSP providing social services to homeless veterans presents a global challenge to enhance HSP resilience and improve HSP coping styles and problem solving (Gorwood & Fiorillo, 2021).

Need for Further Research on Homeless Veterans' Pandemic Coping Experiences

As of April 29, 2020, there were 3.1 million diagnosed COVID-19 cases and 219,00 deaths in the United States (Banducci et al., 2020). Shear et al. (2020) examined the lack of COVID testing in the initial phases of the epidemic that led to a rapid spread of COVID-19. As a result, the Centers for Disease Control and Prevention (2022) has reported the response to the COVID-19 pandemic changes daily, and the rapid changes causes frequent turmoil in daily routines.

Sampogna et al. (2022) conducted a worldwide study on mental health in the time of the COVID-19 pandemic. This study examined the traumatic stress reactions, including the profound impact on the physical and mental health of the general population (Gorwood & Fiorillo, 2021). As a result, Rasskazova et al. (2020) studied population well-being and its relationship with anxiety during the COVID-19 pandemic, exploring the experiences of self-isolations, safety, housing, and social support.

Furthermore, Rasskazova et al. (2020) focused on identifying the current psychological state, the characteristics of the perception of the world, and how individuals overcame negative emotional states. As a result, life experiences and coping strategies connected to weeks of self-isolation and anxiety about COVID-19. According to Sampogna et al. (2022) the findings suggest people that were negatively stressed sought something else to do such as psychoactive drugs.

COVID-19 had a broad effect on health, education, the economy, and globally (Perry et al., 2020) and has introduced further challenges to veterans attempting to cope with their transition to civilian life. Additional stress from the pandemic increased urges for a substance (Clair et al., 2020). Therefore, pandemic public health restrictions have exacerbated feelings of loneliness and abandonment (Ferguson et al., 2021; Galea et al., 2020). Furthermore, deaths related to COVID-19 increased anxieties for homeless veterans (Garg et al., 2020). As a result, identifying pandemic-induced social barriers and subsequent loneliness and exploring emotions associated with the loss of a loved one from the pandemic, could exacerbate veterans' traumatic experiences (Bojdani et al., 2020; Garg et al., 2020). Perry et al. (2020) found that COVID-19 was an ongoing crisis that was overwhelming and frequently exposed vulnerabilities and gaps in preparedness. As a result, Elbogen et al. (2021) examined veterans' mental health symptoms, social isolation, and financial strains and thoughts of suicide or self-harm during the early months of the pandemic. This study examined veteran's mental health related to thoughts about loneliness, and suicidal thoughts during the COVID-19 pandemic. The findings

suggest that in addition to mental health related issues, health care professionals should address social isolation related to the pandemic.

Conversely, Zeligman (2020) found that the ability of a veteran to cope with the negative effects of the COVID-19 pandemic can be related to PTG. Therefore, Tobolowsky et al.'s (2020) study on safety planning offers insight on coping with COVID-19 by providing resources and planning creative information about shelter, suicide prevention, PTSD, and substance use disorder. As a result, the development of supportive strategies according to Tsai (2021) will increase mental health awareness for high-risk groups. Therefore, understanding the experiences of HSPs with homeless veterans seeking social services during the COVID-19 pandemic is crucial to planning for future outbreaks (Bojdani et al., 2020).

Summary and Conclusions

My literature review has revealed challenges for HSPs in delivering services to homeless veterans during a pandemic and opportunities for HSPs to increase or adjust their approach in a pandemic to better serve homeless veterans. Studies at this time are limited by a bias to help all people based on socioeconomic status (Weir, 2020). Moving forward, HSPs must apply a health equity lens for homeless veterans (Miliam et al., 2020). A bridge must be built between social services, the implementation of mental health supporting strategies, and community-based strategies to support resilience and psychological impact of fear and anxiety (Serafini et al., 2020).

The proposed current research aims to address social services change for homeless veterans in a pandemic and why and how human services professionals can

change their approach to delivering services during a pandemic. Chapter 3 provides the research design, method, data collection, and data analysis. Applying past experiences and developing future approaches to take an existing challenge to the next level will provide enhanced ways to serve homeless veterans in a pandemic.

Chapter 3: Research Method

Introduction

The purpose of this generic qualitative study was to explore HSPs' perceptions and interpretations of homeless veterans' experiences in obtaining social services during the COVID-19 pandemic. More research is needed to have a clearer idea of what HSPs observed about homeless veterans' strategies to obtain services and their opportunities for growth during the pandemic, which began in Spring 2020. In this chapter, I discuss the methodology for this generic qualitative research study. First, I review the research design and rationale. The second section includes discussion of my role as the researcher. In the third section, I discuss the research methodology, including participant selection, data collection, and data analysis processes. A discussion of the methods of establishing trustworthiness in this research is presented before the chapter summary.

Research Design and Rationale

I designed this research study to answer two RQs:

RQ1: What do HSPs see as strategies and barriers for homeless veterans in accessing social services during the COVID 19 pandemic?

RQ2: What, if any, PTG did HSPs observe in homeless veterans seeking services during the COVID-19 pandemic?

To address the RQs, I used a generic qualitative research approach (Percy et al., 2015). A generic qualitative design allowed me to explore HSPs ’perspectives on homeless veterans ’efforts to access social services during the COVID-19 pandemic and whether the veterans had experienced personal growth during this time period.

Role of the Researcher

In my role as the researcher, I designed the interview questions, conducted interviews for data collection, and analyzed data. All data were collected and analyzed by me. It was important that I conduct myself in a professional manner and ensure that I had no personal relationships with any participants. I acknowledge that I previously worked in a human service organization. To eliminate potential conflict of interest, I ensured that no family members, colleagues, or coworkers participated in this study. I used guiding, open-ended interview questions to ensure that participants' answers were not constrained (see the interview protocol in Appendix B). I used the concept of bracketing, which is a concept used by phenomenologists to block off their bias, but which is also a part of other qualitative methodologies (Frasso et al, 2018). I started to implement the process of bracketing in the beginning phases of designing this study. The process of bracketing required me to acknowledge any previous biases and beliefs. Although I did not foresee any power dynamics between myself and the participants, it was my role as the researcher to be alert and to ensure that participants could withdraw themselves from the study at any time.

Methodology

In this section, I discuss the participant selection logic; instrumentation for the research study; recruitment, participation, and data collection procedures; and the data analysis plan. A generic qualitative methodology was the most appropriate one for this study because it allowed me to explore and seek further understanding of the socially constructed and circumstantial context of homeless veterans and their experiences (see

Kennedy, 2016). It allowed for the subjective exploration of the HSPs' perspectives (see Kennedy, 2016).

Participant Selection Logic

Once I obtained approval from the Walden University IRB, I began recruiting participants. I recruited current or prior HSPs who were working with homeless male veterans in metro Atlanta, Georgia, by posting flyers in public areas throughout the community (see Appendix A), obtaining referrals from individuals, and using social media. Targeting a sample size of 10 to 12 participants increases the likelihood of reaching data saturation (Mocănașu, 2020). Once the participants contacted me by phone or email, I asked two prescreening questions to determine whether they met the criteria for the study (see Merriam & Tisdell, 2016). The two questions were (a) how long is your present or past work experience with homeless male veterans, and (b) in what areas of social services have you worked with homeless veterans? Once I confirmed the participant met the criteria. I emailed each participant (a) information about the research, (b) a Zoom link with the date and time of their appointment, (c) the informed consent form, and (d) my contact information (see Stokes et al., 2019).

Instrumentation

I used a semi instructed interview protocol designed especially for this study to guide the interviews with participants (Coolican. 2017). I collected data through videoconference interviews. I collected and recorded narrative data from the participants to ensure the trustworthiness (Howie & Bagnall, 2017). The semi structured interview questions were developed based on the literature and feedback from piloting the

interview questions with non-participant HSPs who work with homeless veterans (Wang et al., 2020).

Procedures for Recruitment, Participation, and Data Collection

Once I received the approval from the Walden University IRB (11-11-22-0665854), I began recruiting participants by posting flyers on social media and posting flyers in shelters (see Appendix A). The interviewees obtained an invite via email, social media, or text message (Stokes et al., 2019). Once the participants were selected, I confirmed the participants met the criteria. I used semi structed online interviews with open ended questions. I scheduled videoconferences based on the participant's availability. Before scheduling a Zoom videoconferencing meeting, I had each participant sign a consent form. The videoconference for each participant was 45 minutes for a semi structured one on one interview with open-ended questions and 15 minutes for additional questions or feedback. I conducted each videoconference in a secure location to ensure privacy. The recording was stored on a password protected laptop. After each interview I transcribed the recording into a file and ensure that I have typed the field notes and any journaling that I may have noted during the semi structed interview. In conducting data analysis and reporting the findings, the HSPs was assigned unique identities to ensure confidentiality. Finally, I allowed the HSPs to review a summary of data and add or clarify any response.

Data Analysis Plan

I analyzed the narrative transcribed data for a priori and emergent codes, categories, themes, and patterns. Codes assisted with describing the study analysis and

findings. I also included analysis of my handwritten notes as data for this study (Braun et al., 2018). Once the data was transcribed from audio recording to written text using Microsoft Word, I color coded each piece of narrative data and then organized the codes into clusters, and then into major themes and patterns based on similar and dissimilar information. I used a manual coding method to maintain an Excel spreadsheet and Word document for organization (Rogers, 2018). Developing clusters of terms and phrases from the data allowed me to discover and analyze any meaning, structure, and experiences of HSPs interpreting homeless veterans 'strategies for seeking social services and any personal growth during the pandemic (Kontoangelos et al., 2020). I backed up my data collection using the Microsoft OneDrive cloud that was stored and protected my files (Khan et al., 2021). I used pattern coding to develop a narrative analysis and findings.

Issues of Trustworthiness

Research that illustrates trustworthiness can be explained as sound research which demonstrates accuracy (Kyngäs et al., 2019). Credibility, transferability, dependability, and confirmability are said ways to successfully validate trustworthiness in research (Kyngäs et al., 2019).

Credibility

Credibility refers to truthfulness and accuracy of data (Thomas, 2017). To ensure credibility techniques within this generic qualitative research will include member checking to validate engagement with participants **(**Cypress, 2017). I sent back transcripts of each interview to confirm accuracy. Data was analyzed and checked for codes and

themes. The study confirmed the correct number of participants, and confirms the data collected was analyzed and checked for codes and themes (Cypress, 2017). To ensure the research findings are credible, and the interview transcripts correctly capture the participants 'responses, I debriefed with the assistance of reviewing my field notes to the recorded interviews (Thomas, 2017).

Transferability

Transferability for this research study referred to the study's ability or inability of the findings to be applicable in other circumstances (Peoples, 2020). I audited and described each step to ensure the study was clearly conducted and can be easily reproduced. Responses from the participants provided insight into whether the study results may be used in other disciplines (Peoples, 2020). Connecting the participants with the specifics of the study can assist in a better understanding of how the results are transferable and how other areas of research may benefit from the findings (Levitt et al. 2017). Ultimately, the transferability of the results will be determined by future researchers (Beck, 2021,

Dependability

Dependability refers to the core issue of how the study is conducted and should be consistent over time (Suter, 2012). Dependability was also important to demonstrate the findings from this study can be duplicated to ensure the study findings were compatible with future research (Peoples, 2020). I kept an audit trail of the interviews, transcribed transcripts of each participant, and my written notes to justify the data collected and data analysis procedures (Anderson, 2017). Dependability was accomplished by establishing

an audit trail. An audit trail described the process of the study from start to finish and the consistency of all data collected, notes for observations, and findings (Grant and Onsaloo, 2014). The audit trail can assist other researchers by allowing them to continue where one researcher's study ends (Suter, 2012).

Confirmability

Confirmability was used to describe the extent to which the research findings are from the perspective of others and are free of bias and subjectivity (Peoples, 2020). To ensure confirmability, triangulations and a reflexive journal demonstrated that I have maintained good notes for this research study (Beck, 2021). To protect the research from personal bias, I ensured the audit trail shows how the data was constructed during the study. I reviewed the findings together with the committee members who have seen the raw data. I concentrated on the perceptions and interpretations of the lived experiences throughout the study to capture the participants 'results (Connelly, 2016).

Ethical Procedures

Guest et al. (2013) explains the importance of ethics committees, consent forms, and boundaries. Therefore, I followed ethics codes to protect the participant's confidentiality. In conducting generic qualitative research, I evaluated if the participants represent different cultures; and review challenges that may be misunderstood about the participants 'perceptions and interpretations of their culture. I posed unbiased questions to gain this understanding (Toepoel, 2017). As per guidelines for ethical research, I submitted my proposal to the IRB. I reviewed the research participants 'questionnaire with a committee, addressing ethical dilemmas. It is important that I conduct myself in a

professional manner to ensure I have no personal relationships with any participants. Although I do not foresee any power dynamics, it was my role as the researcher to allow participants to withdraw themselves from the study at any time.

Ethical issues are vital in all types of research, including internet usage (Buchanan & Zimmer, 2012). To ensure ethical standards for virtual recording, I implemented the usage of technology upheld requires review by an IRB (Levitt, 2013). Nehls and Schneider (2015) discussed ethical issues in generic qualitative research due to the nature of the researcher and participant relationship using interviewing conferences. Ethics in data collection include anonymity, confidentiality, informed consent, and impact on the participants (Sanjari et al., 2014).

Summary

The purpose of Chapter 3 was to provide the study methodology for the research, including ethical procedures, issues of trustworthiness, research design and rationale, the role of the researcher, participate selection, instrumentation, data collection, and data analysis plan. The intent of this research was to use a generic qualitative study to examine the perspective of HSP about the interpretation and perceived experiences of homeless veterans receiving social services during the COVID-19 pandemic. The characteristics of this study aligned and focused on the validity and reliability of the problem according to effective principles (Ataro, 2020). Furthermore, according to Ataro (2020), a research report includes presenting the ability to understand the phenomenon under investigation to the reader. Including methodologies to evaluate how many participants will be interviewed will determine the outcomes (Phillippe & Lauderdale, 2018).

As a result, the reader will know how to examine methodologies (Cox et al.,2017) that will explain data from HSP interpreting the perceptions of homeless veterans seeking services during the COVID-19 pandemic; the justification is to evaluate the interpretations of HSP perceptions about homeless veterans' behaviors during the COVID-19 pandemic (Druss, 2020). Chapter 4 is the background information about participants in this study, coding strategies, categories, and themes gathered from the interviews. I stated each theme, described each theme, and supported each theme with evidence from the data collected to show how HSPs perceptions about homeless veterans address the RQs and correlate with the themes.

Chapter 4: Results

Introduction

The purpose of this generic, qualitative study was to explore HSPs' perceptions and interpretations of homeless veterans' experiences in obtaining social services during the COVID-19 pandemic. In addition, I conducted the study to explore HSPs' perceptions about veterans' experiences with PTG. I used Percy's (2015) generic qualitative research approach to answer the RQs, which were as follows:

RQ1: What do HSPs see as strategies and barriers for homeless veterans in accessing social services during the COVID 19 pandemic?

RQ2: What, if any, PTG did HSPs observe in homeless veterans seeking services during the COVID-19 pandemic?

Setting

The primary setting of this study was metro Atlanta, Georgia. I conducted virtual interviews from November 2022 to February 2023. Each participant responded to the research flyer by contacting me by email. I prescreened each potential participate with these two questions: How long your present or past work experience with homeless male veterans is, and in what areas of social services have you worked with homeless veterans? Ten potential participants responded to the recruitment flyer to indicate their interest in this study and gave a specific date and time they wished to conduct the interviews using the videoconferencing platform Zoom. Once I confirmed that the 10 individuals met the criteria, I emailed each participant (a) information about the research,

(b) a Zoom link with date and time of their appointment, (c) the informed consent form, and (d) and my contact information.

Demographics

Eleven potential participants expressed interest in participating in the study, all of whom met the criteria of being HSPs who had worked with homeless veterans in metro Atlanta seeking social services during the COVID-19 pandemic. One potential participant did not respond after the initial contact, leaving 10 participants who consented to move forward with participation after the initial contact. All participants self-identified as an HSP. All 10 participants reported that they were over the age of 18 and had worked with male homeless veterans in metro Atlanta, Georgia, during the COVID-19 pandemic. During each interview, I asked all participants how long they had been an HSP. Six participants disclosed that they provided virtual services to homeless veterans during the pandemic. The other four participants said that they provided face-to-face services to this population. Four out of the 10 participating HSPs voluntarily disclosed that they are veterans. Three participants disclosed that they also worked with homeless female veterans during the COVID-19 pandemic. All 10 participants said that they worked with homeless veterans in metro Atlanta, Georgia, during the COVID-19 pandemic. To ensure confidentiality, all participants were assigned a unique identity beginning with the letters "VR" followed by a three-digit number. I kept a list of their names and contact emails in a file on a password-protected laptop. Table 1 shows participant demographics.

Table 1

Participant Demographics

Characteristic	*n*
HSP 18 years old or older	10
Worked with homeless male veterans in metro Atlanta, GA, during the COVID-19 pandemic	10
Years of HSP experience	
1–5	1
6–10	3
More than 10	6
Gender	
Female	8
Male	2
Veteran status	
Veteran	4
Nonveteran	6

Note. HSP = human services professional.

Data Collection

I used a semi structured interview protocol to guide the interviews with participants (see Appendix B; Coolican. 2017). I collected data through videoconference interviews. I collected and recorded rich thick oral narrative data from the participants to support the trustworthiness of the study (Howie & Bagnall, 2017).

The semi structured interview questions were developed based on the literature and feedback from piloting the interview questions with non-participant HSPs who work with homeless veterans (Wang et al., 2020). I used a semi structured online interview with open end questions. I scheduled Zoom videoconferences based on the participant's availability. Before scheduling a call, I obtained an email with participants 'consent. The videoconference for each participant was about 30 minutes and 15 minutes for additional questions or feedback from the participant. I conducted each videoconference in a secured location to ensure privacy. The Zoom audio recording was stored on a password protected laptop. After each interview I transcribed the Zoom recording into a file and ensured that I typed the field notes and any journaling that I had noted during the semi structed interview Finally, I allowed each HSPs to review the transcribed written transcript of their interview to clarify any responses. The next section will outline data analysis and the findings,

Data Analysis

For data analysis I followed Saldaña's (2016) guidance on coding. Analysis starts with coding data to further understand development of constructing the categories and themes (Saldaña, 2016). My data analysis involves developing codes and their meaning and determining the relationship among codes, categories, and themes. I used thematic content analysis and pattern coding. I first began with the transcription of the Zoom audio recording of each interview using the Microsoft Word transcript feature. I then manually reviewed each transcript for accuracy by listening to the Zoom audio recording and assessing the transcript word for word to ensure accuracy. For accuracy, I emailed

the interview transcript to each HSP to review. I became familiar with the data, I read and reviewed each of the transcripts multiple times. First did manual review and immersed in the data, looking for possible words that might be repeating or indicating a code. Codes assisted with describing the study analysis and findings. I also included review and analysis of my handwritten notes as data for this study (Braun et al., 2018). I color coded each piece of narrative data based on the words that had been identified either from literature in a priori or in the data itself, organize the codes into clusters, and then into major themes and patterns based on similar and dissimilar information. I used a manual coding method to maintain an Excel spreadsheet and Word document for the organization (Rogers, 2018). I reviewed the notes I took from the interview. I reviewed and highlighted frequently used words, phrases, and ideas. Next, I gave all the highlighted sections of data a code, which I hand wrote. I then transferred all the data on to an Excel spreadsheet to organize the data for each interview under the codes. I began looking for patterns that emerged from data according to my RQs. I developed clusters of terms and phrases from the data that allowed me to continue to analyze any meaning, structure, or experience of HSPs interpreting homeless veterans' strategies for seeking social services and any personal growth during the pandemic (Kontoangelos et al., 2020). Pattern coding is a method to help recognize repetitive, regular or consistency action about data. A pattern can be characterized by similarity, difference, frequency, sequence, and causation (Saldaña, 2016) I used pattern coding to develop a narrative analysis and findings. During the next step, I looked for patterns that emerged from the coding in the

first coding cycle. Then I uploaded the data and the codes to NVivo for further software-assisted analysis.

In NVivo, I utilized the participants' own words as the same codes in keeping with the recommendation of Rogers (2018). Figure 1 is a word cloud of the most frequently used words by participants in their interviews.

Figure 1

Words Frequently Used by Participants

To back up the collected data, I used the Microsoft OneDrive cloud service, which stores and protects files (see Khan et al., 2021). The identified codes were as follows:

- income
- assistance
- housing
- health

- technology
- help
- support
- pandemic
- transportation
- program
- change
- military
- challenge
- virtual
- COVID-19
- shelter
- virtual
- work
- benefits
- face-to-face
- homeless
- money
- access
- network
- mental
- credit

- internet
- social
- resources
- veteran
- growth
- survival skills
- family
- friends
- age
- services

The pattern codes were as follows:

- housing
- resources
- isolation
- assistance
- challenges

There is no order for the list of pattern codes. HSPs in the study perceived barriers for homeless veterans as a continuous cycle (see Figure 2). VR004 stated “I've had some that have gone from a shelter to short term housing to now living on their own and kind of moving from.” VR005 stated “one thing I will say about that is there's definitely funding for housing. But the problem is that there's not enough housing stock out there.” VR008 stated “So you do see the level of depression increase because just like I said

earlier, with my therapy, you know, you tend to get depressed and have more anxiety for going out. Will COVID, for those of us who thrive in isolation. It increased isolation, so it increased your diagnosis and made it worse. So, if you already suffer from depression, it increased. That level of depression."

VR007 stated,

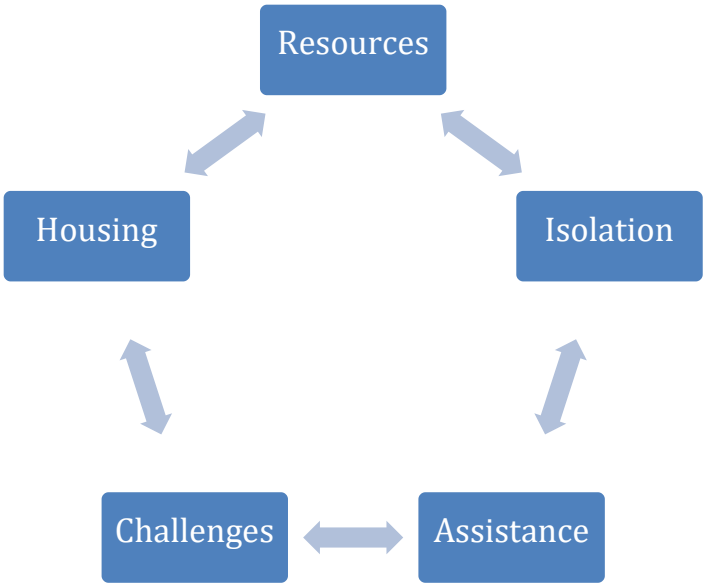
> And so when they start seeing those decisions that maybe the veteran had challenges with before in their life, they start seeing it in their face or they see some of those same behaviors. Family was just a little bit shorter with allowing the veteran to put them through the same thing." VR001 stated that "one of the challenges that we face as clinicians [is] trying to find resources."

VR006 stated,

> To try to get them to trust us, on the other hand, also those who were ready and willing to give over that documentation because they needed the assistance. In order for them to get it to us, they were not privy to today's technology, or they did not have access to it.

Figure 2

Cyclical Nature of Pattern Codes



The next stage of data analysis included creating a matrix where I merged the codes into patterns and then into common categories across all participants interviews and then clustered the categories looking for themes that emerged from the data in answering RQ 1, which concerned HSPs' perceptions of barriers to homeless veterans' access services. I begin to see categories where themes emerged in three distinct areas; issues related to access to services based on using technology, issues related to access to services because of limits in transportation, and issues related to access to services because of having limited income.

Theme 1: Technology

Theme 1 discussed the responses of HSPs' perceptions of homeless veterans not having access, and lack of experience using technology during the COVID-19 pandemic. VR001 stated "we couldn't have the meetings in person because COVID stopped that, but

we did, you know, have meetings virtually, but a lot of the older veterans didn't connect with the technology" VR002 stated "you know, elderly people don't really like the phones and texting. They can't deal with technology." VR005 stated "it went from that face-to- face mode to the virtual, so there was a change there. We were not able to connect to the veteran as I normally would, doing face-to-face. As far as reading body language. You know, different things like that. It did make it somewhat more difficult to connect to the veterans so that we're able to and to gain that trust that we need to be able to develop that rapport with them."

VR007 stated,

> We had to do a lot more coach screening and explaining. And hand holding and plenty of patience. To try to get them to trust us, on the other hand, also those who were ready and willing to give over that documentation because they needed assistance. In order for them to get it to us, they were not privy to today's technology, or they did not have access to it.

Theme 2: Transportation

Theme 2 discussed the responses of HSP perception of homeless veterans not having access to transportation during the COVID-19 pandemic. VR010 stated "a lot of challenges that the veterans face was transportation, VR010 also stated, first thing they say is I don't have no transportation. I don't have no money, you know, to get on the public transportation. No money to get on the bus." VR008 stated "found a place for them to go. And it was an hour away. Now, what about veterans who don't have transportation, who are homeless? Who don't have any money, right? VR008 also stated

“all these steps to try to get you to the next phase, right? So we lose them**.”**

VR004 stated,

> so before COVID, a veteran could go to the VA, identify as a veteran, show their DD214 or their VA health card and they could get services. Now or during COVID, though, it seems like that facility or that resource was maxed out and people were literally going to the ER.

Theme 3: Income

Theme 3 discussed the responses of HSP perception of homeless veterans not having access to income during the COVID-19 pandemic**.**

VR005 stated,

> then if you have veterans that have barriers, such as a criminal background, or if they have credit issues, you know it's just an additional barrier that you know, they have to try to hurdle. And it's just, it's a lot and I think it has honestly it's gotten. A lot worse. Especially with, you know them going up on the rent prices, lot of these landlords no longer want to accept vouchers, so it's been difficult.

VR006 stated,

> with the onset of COVID as zero income veteran and made it even more difficult because landlords were not getting paid. So the likelihood of them. Working with us to accept zero income person was, you know none.” VR007 stated “my perception was a lot of landlords were just tired of the pandemic and tired of not receiving payment**.**

VR007 also stated,

> trying to find money for veterans, a lot of veterans we found out didn't pay their rent or was late on their rent and at the time I want to say there was some type of legislation that didn't allow landlords to evict veterans. But soon as that lifted a lot of veterans found themselves being evicted and needing assistance.
>
> VR008 stated,
>
> these women and men have served our country, and here it is. They don't have any access to resources to give them housing, even temporary housing. But that's just the Band-Aid, though, right? Don't we need to figure out what the root cause is. You know, affordable housing, I guess it's a subjective phrase, right? Which I think is a catch phrase. People say, oh, we have affordable housing, $2,000 a month is not affordable. You know, I mean medication and everything that they have, you know, nobody can afford that, COVID really made access to resources very challenging, food, housing, health care, you know, education.

Theme 4: Posttraumatic Growth

Theme 4 discussed the responses of HSP perception of homeless veterans growth from past crises. VR002 stated “many of them were, I would say, probably resilient. A lot of them you know I think they use their internal strengths to kind of keep things together.” VR004 stated “were definitely resourceful and they used their self-efficacy to actually push them to get the resources that they needed, and I saw that more times than not. I've never seen a veteran that went without because they couldn't find it. Because they knew where to go and generally, they got there.” VR007 stated,

> So I have seen growth in a lot of veterans over time. So some of our veterans have gone out to start their own helping programs to help veterans with their benefits to help them, you know, get off the streets and get cleaned up and things like that. Some of them have come to work for us as well.

Evidence of Trustworthiness

Credibility

To ensure credibility techniques within this generic qualitative research I included member checking to validate engagement with participants **(**Cypress, 2017). I sent the transcripts of each interview to confirm accuracy. The data was analyzed and checked for codes and themes. The study confirmed the correct number of participants, and confirmed the data collected was analyzed and checked for codes and themes (Cypress, 2017). To ensure the research findings are credible, and the interview transcripts correctly capture the participants ’responses, I debrief with the assistance of reviewing my field notes to the recorded interviews (Thomas, 2017).

Transferability

I audited and described each step to ensure the study was clearly conducted and can be easily reproduced. Responses from the participants provided insight into whether the study results may be used in other disciplines (Peoples, 2020). Connecting the participants with the specifics of the study will assist in a better understanding of how the results are transferable and how other areas of research may benefit from the findings (Levitt et al. 2017). Ultimately, the transferability of the results will be determined by future researchers (Beck, 2021).

Dependability

Dependability refers to the core issue of how the study was conducted and should be consistent over time (Suter, 2012). Dependability was also important to demonstrate the findings from this study can be duplicated to ensure the study findings are compatible with future research (Peoples, 2020). I kept an audit trail of the interviews, transcribed transcripts of each participant, and my written notes to justify the data collected and data analysis procedures (Anderson, 2017). Dependability can be accomplished by establishing an audit trail. An audit trail describes the process of the study from start to finish and the consistency of all data collected, notes for observations, and findings (Grant & Onsaloo, 2014). The audit trail assists other researchers by allowing them to continue where one researcher's study ends (Suter, 2012).

Confirmability

Confirmability was used to describe the extent to which the research findings are from the perspective of others and are free of bias and subjectivity (Peoples, 2020). To ensure confirmability, triangulations and a reflexive journal demonstrated that I have maintained good notes for this research study (Beck, 2021). To protect the research from personal bias, I ensured the audit trail showed how the data was constructed during the study. I reviewed the findings together with the committee members who have seen the raw data. I concentrated on the perceptions and interpretations of the lived experiences throughout the study to capture the participants 'results (Connelly, 2016).

Results

I now discuss the results of this research study. The RQs were to examine the perspective of HSP about the interpretation and perceived experiences of homeless veterans receiving social services during the COVID-19 pandemic. The intent of this research was to use the characteristics of this study to align and focus on the validity and reliability of the problem according to effective principles (Ataro, 2020).

As a result, I identified codes and themes that explained data from HSP interpreting the perceptions of homeless veterans seeking services during the COVID-19 pandemic; the justification is to evaluate the interpretations of HSP perceptions about homeless veterans' behaviors during the COVID-19 pandemic (Druss, 2020). The first area collected was related to HSP perceptions of homeless veterans using technology to access social services. Older veterans had challenges using technology to access social services virtually and they had little experience using technology to upload documents and obtain mental health appointments. While most homeless veterans had limited access to the internet to complete virtual social services and did not trust uploading their personal documents to a portal. The second area collected was transportation. HSP interpretation of homeless veterans accessing social services without transportation prevented some veterans from accessing social services. The COVID-19 pandemic safety restrictions during the beginning of the pandemic caused places to close. Travel restrictions using public transportation were initially reduced, which caused most individuals to shelter in place. Virtual services were an alternative for homeless veterans rather than face-to-face services. The third area collected was income. HSP perception of

homeless veterans lost income during the COVID-19 pandemic. Some homeless veterans did not have access to complete their benefits online which caused their military benefits to be delayed or stopped. Older homeless veterans did not trust using technology to complete their benefit follow and they lost housing vouchers.

Findings from this study revealed that most veterans' income was significantly reduced because veterans did not have technology to access benefits and did not have transportation to attend social service appointments. Veterans with credit issues had challenges that impacted their ability to maintain or obtain housing. Virtual appointments created additional barriers and made it difficult for veterans to trust someone they could not see to hand over their birth certificate, personal information, and bank account to a stranger was difficult.

Summary

As discussed in chapters 1 and 2, American veterans who are homeless can face significant challenges accessing social services, and these challenges were further exacerbated during the COVID-19 pandemic. The findings from this generic qualitative study are to examine HSP perceptions and interpretations of homeless veterans' mental health, homelessness, addiction, and food insecurity during the COVID-19 pandemic. I explored HSP perceptions and interpretations of homeless veterans' experiences to understand how homeless veterans' view their health and housing issues while accessing social services during the COVID-19 pandemic (Druss, 2020). Further, I examined participants' perceptions regarding their experiences with homeless veterans during the COVID-19 pandemic to determine if veterans experienced PTG. This study is important

for human service providers to understand the impact COVID-19 had on homeless veterans to access services during the pandemic.

The findings also discuss barriers to coordinate veterans with the VA to obtain face-to-face services during the pandemic, social isolation experiences, and growth. In spite of transportation, technology and income barriers. Veterans PTG and resilience, strengthen their network.

VR001 stated,

> But then when COVID hit, it was like, Oh my gosh, a lot of people need help. And so one of the things that we tried to instill in our veterans was supporting them, like, hey, we need you guys to do things because the resources are going to be much more limited then they previously were because everybody needs help right now because life didn't stop. We still have hurricanes and we still had disasters and stuff like that, and people still need help. And so, the resources are going to be slim to none, so I think with that veterans understanding that and knowing that. It's almost like with some of the veterans, that put them back in their military time where you know, they have to regroup and go out here and as they say, pull up your bootstraps and do what they needed to do so in a lot of ways I do think the pandemic empowered a lot of veterans.

This study also shows that it is important for HSP to implement disaster protocols to expand social services for elderly homeless veterans that may not be able to access technology. In the next chapter, I will present an interpretation of the finds, expanding on the information provided in the literature review and new information acquired from this

study. Also, I will discuss the limitations of this study, recommendations, and suggestions for social change.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

The purpose of this research study was to explore the experiences of HSPs during COVID-19 in providing social services to homeless veterans characterized by their support for the social determinants of health, including help with mental health, homelessness, addiction, and food security. I conducted this research to explore how HSPs perceived and interpreted the strategies and barriers of homeless veterans in accessing services. I also wanted to gain insight on HSPs' perceptions of homeless veterans' experience of PTG during this period. I used theories of planned behavior (Ajzen, 1991) and PTG (Tedeschi & Calhoun, 2004) as conceptual frames for the analysis of homeless veterans' journey. The knowledge from the study may support the improvement of social services for future pandemics.

I used Yin's (2014) qualitative research approach to answer the RQs. Data were collected, analyzed, and evaluated to determine the perceived experiences of homeless veterans in accessing social services during the COVID-19 pandemic. The sample size was 10 participants. This was an appropriate number; a sample size of 10 to 12 participants increases the likelihood of reaching data saturation (Mocănașu, 2020).

Interpretation of the Findings

Theme 1: Technology

In the study findings, I revealed the emerging theme of barriers, which is consistent with previous literature about the perceived experiences of homeless veterans in using technology during the COVID-19 pandemic. During the pandemic, homeless

veterans may have faced additional problems in accessing social services. Researchers have investigated how the COVID-19 pandemic has affected homeless veteran' ability to receive social services. Liu et al. (2020) conducted a study to identify the effectiveness of telehealth treatment during the COVID-19 pandemic. This study examined medical staff and the public experiencing psychological issues and how online artificial intelligence programs were put in use as interventions for psychological crises during the pandemic. Therefore, homeless veterans with limited access to technology could have difficulty in accessing or maintaining social services (Wynn et al., 2021). This study provided further evidence of these issues. The HSPs I interviewed perceived older homeless veterans as being unable to access social services because they were not tech savvy to attend virtual appointments with the VA and other providers. Therefore, during the COVID-19 pandemic, the VA rapidly decreased the number of outpatient appointments to reduce exposure to COVID 19 (Milam et al., 2021). As a result, social services from HSPs required scheduled telephone and online health appointments because face-to-face social service visits were limited and were by appointment only (Wynn et al., 2021).

The study findings support that mandatory shutdowns and require virtual social service appointments had a negative impact on older and homeless veterans because of limited access to technology. HSPs' perceptions also included not having the ability to conduct physical behavior assessments. The lack of these assessments frequently led some veterans to self-medicate with drugs and or alcohol, participants indicated. VR002 stated,

> So many of them felt that they had like, a loss of control. They became angry and just fearful; you could tell that a lot of them was more anxious. And I think a lot of them started self-medicating more. And we heard more about them being violence in the home.

VR002 also stated, “I know a lot of the veterans, their services was reduced greatly, so I know for a fact that it created put a lot of limitations on them.” VR009 stated,

> And so that was the biggest change in terms of the delivery of services. But I can definitely say the needs increased astronomically during the pandemic period, but of course there were challenges and barriers, I'm not sure if I'm supposed to go and live on, but they are OK. There were quite a bit of challenges and barriers that were there that had already been existing with the veterans it was the transportation or the lack of technology experience and them actually understanding, you know, being able to provide services remotely needing a camera. So them being able to understand how to utilize either Zoom or Teams or even Duo Google Meet those type things and having to walk them through that process.

Theme 2: Transportation

Cooper and Briggs (2014) discussed HSPs’ roles in disaster response, recovery, and disaster preparedness for future outbreaks. HSP services include planning for long-term, reliable, and timely interventions for coordination (Cooper and Briggs, 2014). As such, servicing veterans in a pandemic may require new procedures, implementing virtual

social services, adapting transportation arrangements, funding, and reimbursement (Torous et al., 2020).

This study revealed there was very little funding that provided transportation for homeless veterans to access social services before the pandemic. However, during the pandemic most veterans could not attend support group meetings and frequently started self medicating. The pandemic biggest change was going virtual which was challenging for delivery of social services. Which in some cases made some veterans felt uncomfortable because they did feel insecure discussing their concerns virtually and believed they did not have privacy.

VR010 stated,

> The services for us obtaining health care have always been available, a lot of challenges that the veterans face was transportation. So that is the biggest thing funding money. They had no way to get there. But once they were able to secure transportation and get to that location, transportation was offered through to them, you know, through the local hospital, VA hospitals.

Theme 3: Income

According to Schrinka et al. (2016) study, found consistency with the same age cohort which is now appropriately aged 55 – 64 years old is at the greatest risk for homelessness compared to nonveterans. Furthermore, this research shows older homeless veterans face an increased risk of self-sustaining compared to non-veterans.

Findings from this study identified nonveterans Americans aged 50 and up are severely impacted by cost-burdened associated with housing costs. As a result, these findings

raise questions as older homeless veterans with limited monthly income increase how these challenges will impact their ability to maintain permanent housing. Additional questions about older veteran's challenges to self-sustaining over the longer-term may level off because of mortality, receipt of additional income such as Social Security, or eligibility for a nursing home, or senior housing program (Thoreau, 2018). Additionally, this study explored the challenges of short-term and long-term pathways of homelessness among older adults and how aging veterans will impact the VA health care system as a whole. This study projected the number of veterans 60 years and older experiencing homelessness for the timeline from 2010 to 2025 will increase by more than 14%.

VR010 stated,

> first thing they say is I don't have no transportation. I don't have no money, you know, to get on the public transportation. No money to get on the bus. They just have so many challenges. The first thing you know when they try to go get those social services because again, they're sitting under the, the bridge and who is going to actually take them. And do they have someone encouraging them to seek that service and without someone encouraging them to seek that service it's very hard. It's just very hard for them.

VR001 stated,

> I've had veterans who out in rural Georgia previously, before the pandemic, that wanted to access care, getting them to us in metro Atlanta was hard because we had no transportation to be able to get them there, and get them to services in the Atlanta area.

Theme 4: Posttraumatic Growth

The experience of personal growth resulting from past crises has been reported throughout history and around the world (Matsumoto & Juang, 2016). Matsumoto & Juang (2016) found and demonstrated there can be post traumatic personal growth in target groups defined by age, generation, disability, religion, ethnicity, social status, sexual orientation, indigenous heritage, national origin, and gender. Tedeschi and Calhoun (2004) described PTG as addressing a "positive psychological change experienced as a result of the struggle with highly challenging circumstances" (p. 1). Tedeschi and Calhoun's PTG model includes individuals 'characteristics, supportive environments, and cognitive processing of traumatic events to describe growth as a process and not a solution. Tedeschi and Calhoun described the expressions of PTG as: (a) gratitude for life; (b) significance of relations, (c) personal strength, (d) transformation of properties, and (e) enhanced spirituality. When a veteran experiences PTG, they have lived through a traumatic event and coped with it, experiencing growth in self-reliance beyond where they were before the occurrence of the traumatic event (Tedeschi & Calhoun, 2004). Testa and Sangganjanavanich (2016) explored correlations among mindfulness, emotional intelligence, and lower burnout scores and identified specific qualities about PTG experiences that could lessen homeless veterans 'social issues. Hobbs '(2021) PTG approach as a frame for veterans 'journey will show the development of a new theory labeled, Taking It to the Next Level. The new theory would reflect achievement of veterans in coping with past trauma and growing from their experiences

as lessons learned to elevate the veteran to the next level in life (Hobbs, 2021). HSPs described veterans pulled up their bootstraps and did what they needed to do, and the pandemic empowered a lot of veterans. Many veterans coped and used their inter strength and became very resourceful and self-efficiency because most veterans do not allow their service-connected injuries to keep them down.

This study may have implications for HSPs assisting homeless veterans in becoming stronger and creating a better future. Understanding how veterans are coping with pandemic-associated challenges may provide support for a new theory about PTG (Hobbs, 2021). Hobbs ’(2021) PTG approach as a frame for veterans ’journey will show the development of a new theory labeled, Taking It to the Next Level. The new theory would reflect achievement of veterans in coping with past trauma and growing from their experiences as lessons learned elevate the veteran to the next level in life (Hobbs, 2021).

Limitations of the Study

There are several limitations identified in this present study. First, including former HSPs because they might have a broader perspective on veterans finding social services. The second limitation of this study was HSPs working remotely could be limited in their perceptions and interpretations about homeless veterans due to pandemic-limited face-to-face visits replaced by online telehealth social services appointments (Amadasun, 2020). The third limitation of this study was the responses of homeless veterans that have trust issues with civilians documenting social service cases could distort HSP perceptions and interpretations. The final challenge was I anticipated some HSPs may not be able to access virtual technology such as Zoom, Microsoft Teams, or

Google Duo. HSPs may not respond to phone calls, text messages, and emails for follow-ups. HSPs may withdraw from the interview without notification. Some participants may have challenges interpreting and responding to my questions.

Recommendations

A recommendation from this present study, highlighted that HSP perceptions of homeless veterans access to social services during the COVID-19 pandemic was challenging using technology and accessing transportation. The findings revealed that future research is needed to continue to explore the gap of PTG and increased psychological resilience in homeless veterans can occur as they adapt to changes brought about by the pandemic (Yi et al., 2020). HSPs providing services to veterans may observe homeless veterans' experiencing growth during the COVID-19 pandemic. While veterans may not see their own experiences as growth, HSPs may see positive coping and positive change. Exploring HSP perceptions and interpretations of homeless veterans' PTG may improve social services for veterans in future pandemics.

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Implications

This study may have implications for HSPs assisting homeless veterans in becoming stronger and creating a better future. Understanding how veterans are coping with pandemic-associated challenges may provide support for a new theory about PTG (Hobbs, 2021). I hope the findings from this study can start the conversation and provide awareness for further studies to allow the government to evaluate how funding is allocated to homeless veterans social needs after military discharge. The government shut down escalated problems that created transportation, technology, and income barriers for homeless veterans. Veterans were challenged to figure it out on their own. Good news for veterans was their military experience gave them the endurance to be resourceful. Bad news for some homeless veterans challenged their ability to communicate and caused some veterans to spend their last amount of money trying to get where they were going to get the help they needed.

The findings of this research may help in understanding and addressing the impact of a pandemic on veterans' mental health, homelessness, addiction, and food insecurity. Enhancement of the communication crisis lines such as 988 was launched during the pandemic. Social change to address growth for homeless veterans needs and concerns should include the development of a three-digit VA phone help line that provides direct access for veterans to receive immediate information about their benefits, social service resources, and coordinate appointments for services. The VA needs to contract nationally with community organizations that serve veterans and provide coordination of services at the local level. Allowing veterans to feel a level of comfort to call a VA

Helpline could improve social services for veterans rather than getting a cold hand off. Further, knowledge relevant to the experiences of homeless veterans through the interpretation of HSPs may be applied to improving homeless veterans' access to social services in future pandemics.

Conclusion

In this research study, I examined reported challenges homeless veterans and their service providers have faced during the COVID-19 pandemic. This research, identified the conceptual and theoretical base and methodology used to conduct the study. Findings from this generic qualitative study may help HSPs improve or adjust their approach in a pandemic to better serve homeless veterans.

I explored relevant research regarding why I chose to examine HSP perceived experiences of homeless veterans accessing social services during a pandemic. I reviewed research literature on common issues among veterans after military discharge, homeless veterans accessing health care, pandemic coping experiences, and challenges facing homeless veterans accessing social services during the COVID-19 pandemic (Banducci, 2020). My research supports gaps in the literature about perceived experiences of homeless veterans with military trauma and other social needs during the COVID-19 pandemic.

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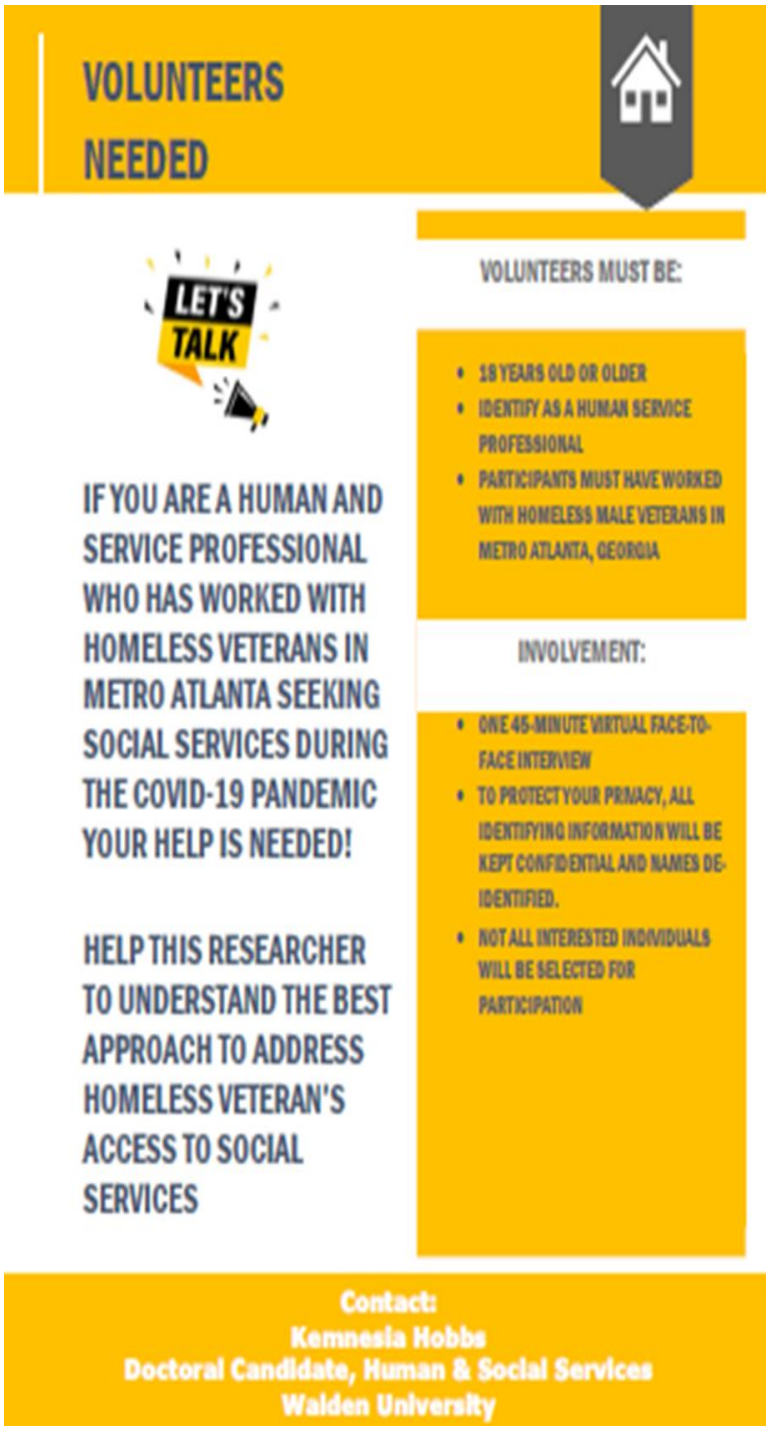
Appendix A: Flyer



Appendix B: Interview Protocol

Introduction

- Ask for permission to audio-record the interview
- Thank the participant
- Review consent form

  Review volunteer interview rights

  - disclose to the participants, that they are free to end the interview at any time

  Confidentiality of responses is guaranteed

  Timeline of the interview is 45 – 60 minutes

Participant Interview Questions

Opening Questions:

1. Tell me how long you have been a Human Services Professional (HSP)?
2. Can you tell me what is your job or role at work?
3. How long have you been in this role?
4. How many veterans do you see each day on average?
5. What if anything changed in your job or role during COVID? What safety protocols were added?
6. What services changed during COVID?

7. How did your interactions with the veterans change during COVID?
8. What did you observe changed in veterans 'responses or behaviors?
9. From your experience can you tell me what your interpretation of homeless veteran's mental health,
   homelessness,
   addiction, and
   food insecurity
   housing insecurity during the COVID-19 pandemic is?

Main Question

1. How did you assist homeless veterans seeking services during the COVID-19 pandemic?
2. What strategies, if any, do HSPs like yourself use to help veterans become more self-sufficient during the COVID-19 pandemic?

Probing Questions:

1. Describe your perception about how homeless veterans went about obtaining health care before the COVID- 19 pandemic
2. Tell me your perception about homeless veterans and their obtaining housing during the COVID-19 pandemic

Main Question

Introduce and describe growth. When I say growth I am talking about how individuals take responsibility for themselves and make efforts to meet their needs …….

1. Describe your perception of veterans ’ability to take on responsibility for getting help in social services during the COVID- 19 pandemic?
2. As an HSP describe the perception of growth from a homeless veteran’s dealing with past military injuries?
4. What are some changes you noticed, if any, in homeless veterans that received social services during the COVID-19 pandemic?

Main Question:

1. Tell me your perceptions of how homeless veterans coped during the COVID-19 pandemic while accessing social services?

Probing Questions:

1. Can you give me an example of what homeless veterans experienced during the COVID-19 pandemic?
2. How would you describe the support of social services homeless veterans received before the COVID-19 pandemic? Did this change during the pandemic?

Main Question:

1. Do you see any potential areas in social services for homeless veterans that need improvement during the COVID-19 pandemic?

Probing Questions:

1. What is the hardest task or barrier you perceive in your day-to-day interaction with homeless veterans?
2. Please describe from the interpretation of an HSP a usual day for homeless veterans seeking social services during the COVID-19 pandemic.

Conclusion/Closing Statement

- Reassure confidentiality
- Close the interview (Before we finish, is there anything else you would like to tell me about the perceived experiences of homeless veteran's post-traumatic growth during the COVID-19 pandemic?)
- Ask permission to follow up
- Thank the participant and end the interview