2019

Lived Experiences of Homeless Adults with Companion Animals in Utilizing Community Services

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MSW, Florida State University, 2000

BA, University of North Florida, 1995

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Social Work Administration

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Abstract

Over 71% of American homeless individuals are adults over 25 years of age, and the numbers are increasing. Approximately 25% of homeless individuals own a companion animal (CA). Because most service providers do not allow CAs within their facilities, the current $60.2 billion dollar national budget for homeless resources may be underutilized or forfeited altogether by homeless adults with a CA. The purpose of this study was to explore community service utilization by homeless adults with a CA through the lens of attachment theory. The research question addressed the lived experiences and perceptions of homeless adults who own CAs regarding community service utilization. This is a qualitative, hermeneutic phenomenological study in which 11 participants were interviewed individually from a semi-structured, researcher created questionnaire. Participants were homeless adults at an emergency shelter in Texas or Oklahoma where their CAs were allowed. Through coding and thematic analysis, 3 themes developed: familial attachment to a CA, a willingness to forego services that do not accommodate their CA, and false belief in their CA as a necessary service provider. The results of this study builds upon the existing body of knowledge regarding homelessness, CAs, and community services as well as informs service provision, education, and policy. Positive social change implications include awareness of the perceptions and beliefs provided by this unique unsheltered sub-population who experienced physical illnesses, trauma, and a close familial bond with their CA. Their lived experiences are key indicators for community service providers and governmental organizations consideration in reference to budgeting allocations and future research.

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Acknowledgments

First and foremost, I thank God for providing this doctoral opportunity that otherwise I did not see coming. What an incredible miracle! I would like to express my deepest gratitude to my family and friends for your support, prayers, and understanding throughout this entire doctoral process. To my parents, your support and investment into my whole life means more to me than words can express. To my children and grandchildren, I am so thankful for each of you and your understanding while I missed a number of gatherings and events over the last several years. A heart-felt thank you to my dissertation committee: my committee chair, Dr. Tracey Phillips, and committee member, Dr. Analeah Green. Both of you are fountains of wisdom, knowledge, support, and an extra dose of patience. Without you, this undertaking would not have been possible. Additionally, sincere thanks to my colleagues who have been an all-around incredible team of cheerleaders.

My research would not have been possible without the assistance of the 2 emergency shelters who were very gracious in allowing me to interview their guests. Both facilities were compassionate and accommodating. Thank you for your service to guests and also their CAs.

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Chapter 1: Introduction to the Study

Introduction

Estimates are that approximately 553,742 American adults were homeless in 2017, an increase of 4% from the previous year (U.S. Department of Housing and Urban Development [HUD], 2017). Of this number, it is estimated that 71% are adults over 24 years old (HUD, 2017). There are a variety of reasons for the prevalence of homelessness, including systemic origins such as a fluctuating labor market, lack of affordable housing, and poverty, as well as intrinsic elements such as mental illness, domestic violence, and substance abuse (Deck & Platt, 2015). Some of the programs/services provided for the homeless community include medical and mental health services, day shelters, financial help, employment, addiction treatment, and safe shelter/housing (Byrne, Fargo, Montgomery, Munley, & Culhane, 2014; Greer, Shinn, Kwon, & Zuiderveen, 2016; Ha, Narendorf, Santa Maria, & Bezette-Flores, 2015; Kertesz, McNeil, Cash, Desmond, McGwin, Kelly, & Baggett, 2013; Larkin, Beckos, & Martin, 2014; Rhoades, Winetrobe, & Rice, 2015; Rock, Adams, Degeling, Massolo, & McCormack, 2014; Tsai & Rosenheck, 2016; Zur & Jones, 2014). Many of these services are offered on-site at shelters through case management referrals (Bah, 2015; Brown et al., 2016; Gilmer, Katz, Stefancic, & Palinkas, 2013; Petrovich & Cronley, 2015; Poremski, Woodhall-Melnik, Lemieux, & Stergiopoulos, 2015; Sinatra & Lanctot, 2016; Sundin & Baguley, 2015). These programs/services meet many needs, but due to elevated health risks from exposure to weather hazards, homeless adults experience twice the unmet physical health problems as domiciled persons (Lebrun-Harris et al., 2013; Zur &

Jones, 2014). Unsheltered homeless adults experience "poor health and access to care, and an increased risk for premature death" (Montgomery, Szymkowiak, & Culhane, 2017, p. 256).

Of this at-risk homeless population, approximately 25% own a CA, which translates to approximately 138,436 individuals (Rhoades et al., 2015). Many from this homeless sub-group do not utilize shelters, programs, or services (Rhoades et al., 2015). The term CA is synonymous with pet and defined as providing a satisfying psychological relationship that is reciprocal (Maharaj, 2015). CAs can include dogs, cats, horses, reptiles, and birds, among others (Arkow, 2013). Despite the 2017 United States (U.S.) government budgeting $60.2 billion dollars toward homeless initiatives, and due to CA restrictions inside of many organizations, approximately one-quarter of American homeless persons forfeit the use of many service programs (HUD, 2017). Fear of separation from a CA prevents many individuals from connecting to shelter, which leaves them vulnerable to weather, unsafe conditions, violence, and a lack of basic needs (Donley & Wright, 2012). Community service utilization is often curtailed due to organizations' policies and local ordinances prohibiting CAs on the premises (Rock et al., 2014). Donley and Wright (2012) stated that, "The importance of pets in the decision for homeless people to remain unsheltered should not be underestimated" (p. 300). Additionally, homeless persons' attachment to their CAs is deeper than that of the American overall population (Hanrahan, 2013). With approximately 25% of America's homeless adults having CAs, and most homeless services unable to accommodate CAs, the services are underutilized or forfeited altogether to avoid separation from the CA

(Brackenridge, Zottarelli, Rider, & Carlsen-Landy, 2015; Hanrahan, 2013; Irvine, 2013; Rhoades et al., 2015). Gaining insight into the lived experiences of homeless adults with CAs can provide meaningful data, and research focused on the human-animal attachment and supportive networks can serve as conduits to understanding the resilience of the homeless CA owner (Farrugia & Gerrard, 2016; Thompson, 2013).

As an addition to the existing body of research, the results of this study provide insight to community service providers and policy makers regarding program preferences and utilization experiences of homeless adults with a CA. Building upon other research, any gaps in services or unmet needs may be addressed for appropriate allocation of grants, program funding, and community service provision considerations. Furthermore, research regarding homeless adults with CAs and their community service utilization may provide an avenue for possible preventions as well as interventions through any expounded needs regarding community service provisions. The outcomes of my study regarding homeless adults with CAs potentially provides information for other researchers to build upon in addressing homeless populations with CAs, and their community service utilization.

Beyond this introduction to the study, Chapter 1 includes background information, the problem statement, and the purpose of this study. I discuss the research question, attachment theory as the theoretical framework, the nature of the study, definition of terms, and assumptions, followed by the limitations and delimitations of the study. Chapter 1 then concludes with a summary and transition to the literature review in Chapter 2.

Background

For those with CAs, adult homelessness often brings unique challenges. Homeless individuals with CAs often forego basic needs provided by community services including mental health, physical health, addiction, financial, and shelter/housing services **(**Rhoades, Winetrobe, & Rice, 2015**;** Rock et al., 2014). Using the attachment theory as a theoretical framework, I explored the lived experiences of homeless adults with CAs lived experiences with community service utilization.

Problem Statement

Research focused on homelessness, particularly regarding addiction and mental health, is in great abundance. However, I found no research that had explored the lived experiences voiced by homeless adults with reference to program and services utilization attempts and experiences. This gap in the literature was the foundation for my study. Most homeless service providers are unable to accommodate CAs; therefore, programs are under-utilized or forfeited altogether by approximately 25% of America's homeless who have CAs (Brackenridge et al., 2015; Hanrahan, 2013; Irvine, 2013; Rhoades et al., 2015).

The results of this study will fill a gap in understanding by focusing specifically on the sub-population of homeless adults with CAs and their lived experiences regarding community service utilization decisions. Research regarding "a diverse range of homeless experiences" rather than a specific service provider such as housing, has been recommended by previous researchers (Walter, Jetten, Parsell, & Dingle, 2015, p. 350). Greater insight into the lived experiences of homeless individuals with CAs, and their

individual perceptions of their needs may provide stakeholders and policy makers with more information to aid in the development and further refinement of CA benefits, attachment, and program services. Positive social change is anticipated from the results of exploring the unique individual needs of adult homeless persons with CAs in relation to community programs and services.

Purpose of the Study

The purpose of this qualitative, hermeneutic phenomenological, study was to explore the lived experiences of homeless adults with CAs regarding their utilization of community services. In addition to the established body of research, gaining insight into the lived experiences of homeless adults with CAs provides an avenue to explore first-hand subjectivities related to community service engagement and experiences. A majority of the current community services may not be reaching this subgroup of the homeless population (Hanrahan, 2013; Irvine, 2013; Rhoades et al., 2015). Previous research has focused on animal attachment and community service connections serving as conduits to exploring the needs and experiences of the homeless with a CA (Farrugia &Gerrard, 2016; Phillips, 2014; Thompson, 2014). Exploration of the lived experiences that homeless adults with a CA have regarding program utilization was the trajectory for this study. In a quantitative study, Lem, Coe, Haley, Stone, and O'Grady (2016) compared homeless youth with CAs compared to homeless youth without a CA and posited that CAs served as a cushion from depression. Owning a CA was cited as a buffer for loneliness and social support deficits (Lem et al., 2016) I departed from their study by qualitatively exploring homeless adults with CAs lived experiences of community

services. The trajectory for this study was to explore homeless adults' experiences in choosing basic needs and services or closeness with their CA. Walter et al. (2015) stated that there was, "considerable variability in how participants (homeless) perceived the services and in the extent to which they made use of services" (p. 351). In this study, I sought to build upon such existing research answers to my research question.

Research Question

I developed the following research question to guide this study: What are the lived experiences and perceptions of homeless adults who own CAs regarding community service utilization?

Conceptual Framework

The conceptual framework for this research was informed by Bowlby's (1969, 1980) attachment theory and Ainsworth's (1989) extension of attachment theory (Ainsworth, Blehar, Waters, & Wall, 1978). Bowlby studied children and their attachment figures in a lab as did Ainsworth, however, Ainsworth exhorted researchers to move beyond the lab and study individuals (including adults) in their natural settings (Ainsworth, 1989; Crittenden, 2017). Ainsworth pursued a greater understanding of interpersonal relationships beyond infancy and childhood and posited that developmentally, most youth begin forming bonds with peers and become increasingly autonomous from parents or other caregivers because of hormonal and neurological shifts during adolescence and beyond. Even though parental relationships are often meaningful throughout adulthood, attachments to others generally become the focus of adult proximity-seeking (Ainsworth, 1989). Ainsworth concluded that:

> Both researchers and funding agencies are strongly urged to turn their attention both to naturalistic observation and to the latent content of verbal behavior in discourse and the use of the interview in studies of various kinds of affectional bonds beyond infancy (p. 715).

The shifting of human attachments is three-pronged: biological, psychological, and social (Serpell, McCune, Gee, & Griffin, 2017). Disruptions in any of these components most often manifest in times of stress and separation from close relationships (Landa & Duschinsky, 2013), increasing chances of negative changes in physical health, mental health and relationships (Serpell et al., 2016). Healthy adult attachments provide a buffer to these stress and separation effects (Schwartz, 2015).

Adults' bonds with safe attachment figures reach beyond human relationships to include CA relationships and communities (Hanrahan, 2013; Irvine, 2013; Larson, 2015; McCabe & O'Connor, 2016; Rhoades et al., 2015; Rockett & Carr, 2014). Homeless individuals attached to their CA have a stronger bond with their CA than CA-owners with secure housing (Thompson et al, 2014). Thompson et al. (2014) reported that CAs can reduce isolation, act as a proxy for human family, and increase overall wellbeing, which creates a buffer to the effects of stress from living unsheltered. On a broader macro-level, attachment can occur within the community (Blake & Norton, 2014).

A majority of homeless adults, transition from childhood to adulthood early and with few safe social supports (McCabe & O'Connor, 2016). Homeless participants of McCabe and O'Connor's (2016) study shared positive comments regarding social supports, which included housing accommodations connected to a host of other

community services (i.e., wrap-around services). These programs and supports provided a ""regenerative function"" through facilitating positive attachments and social supports (McCabe & O'Connor, 2016, p. 299). In this study, I examined the lived experiences of homeless adults with CAs regarding community service utilization through the lens of attachment.

Nature of the Study

In this study, I employed a hermeneutic phenomenological method of inquiry. Hermeneutic phenomenology provides an avenue to explore existence and interpret participants' stated experiences. As a lens, hermeneutic phenomenology as a lens, seeks "conversational exploration." (Wharne, 2015, p. 104). Individual interviews provided the means for conversation and data from which I interpreted and explained their experiences. Each of the participants were interviewed at an animal-friendly emergency shelter where they were staying as guests with their CA. Interviews were approximately 1 hour, which included rapport-building and consent form discussion. My focus was on exploring the guests' lived experiences in their natural settings (CA-friendly emergency shelters), which is consistent with the hermeneutic phenomenological approach.

Individual, semi-structured, face-to-face interviews with homeless adults staying at a day shelter or an overnight shelter with their CA was the method of data collection. Before conducting the interviews, I advised each participant of the purpose of this study as well as discussed informed consent with them and collected their signatures. Audio-recorded interviews took place privately at the shelters (i.e., a natural setting) after an ice-breaker conversation. I received approval from an overnight shelter in Texas and a day

shelter in Oklahoma. Both shelters accepted guests along with their CA. Each audio interview was transcribed using transcription software. Data were transcribed within 72 hours of each interview. I also planned follow-up member checks with each participant to take place at the same shelter location to ensure accurate transcription of their responses. After collected all of the data, coding of themes and categories, as well as data interpretation took place.

Definition of Terms

Community services: Voluntary or work duties performed as a benefit to the public, to improve quality of life, self-sufficiency, or increase personal responsibility of persons within the community where a person is living temporarily or permanently (HUD, 2015).

Companion animal (CA): A pet that reciprocates relationship and affection with their human owner(s). CAs do not include those who are trained for service or assistance to their owners with a physical disability or mental health diagnosis (Furst, 2015).

Emergency homeless shelter: Any facility whose objective is to provide homeless persons with temporary shelter (HUD, n.d.). This is inclusive of overnight shelters and day-shelters.

Homeless adults: Persons over 24 years of age who are without permanent housing. The HUD (2017) definition of homeless is "…a person who lacks a fixed, regular, and adequate nighttime residence" (p. 2).

Assumptions

One of the assumptions behind the design of this study was that CAs are considered an attachment figure by their owner who is a homeless adult. I also assumed that guests would tell their truth during the interview. Furthermore, I assumed that most community service providers lacked the resources to provide for homeless adults with CAs. Lastly, it was assumed that there was limited research addressing the lived experiences of homeless adults with pets regarding utilization of community services.

Limitations and Delimitations

This study was not without limitations. It included a comparatively small scope of shelter guests who met the established criteria. I chose guests through purposeful-criterion sampling, which is predicated on meeting specific criteria (see Palinkas et al., 2015). To be eligible for inclusion of this study, individuals' requirements had to be homeless and staying at an emergency homeless shelter with their CA. Participants were homeless adults aged at least 25 years-old; single or married; men and women; and of any background, race, or ethnicity. In addition, participants were fluent in English, and those with incoherency were excluded.

Homeless adults with a CA are a unique sub-group who do not represent the homeless population at-large, therefore the results of this study might not be transferrable to other homeless individuals. Because guests were those staying at an emergency homeless (CA-friendly) shelter in Texas and Oklahoma, transferability of the findings may be limited contextually. Furthermore, the shelters included in this study are located in urban areas, and the participants' experiences may be different from homeless adults in rural areas where there are limited service connection opportunities. Varied numbers of

community service engagement experiences may have affected the impact of homeless individuals' experiences. Other than utilizing a shelter community service, guests had varied experience histories with other community services.

My personal-experiences and perspectives of CA relationships had the propensity to influence my research findings. As recommended by Charmaz (2015), I controlled for bias through memo writing, reflexive journaling, and member checks. Memos and journals were available to my committee chair for review.

Delimitations included the population choice for this study; homeless adults at least 25 years-old in age who were using CA-friendly emergency shelter services. The region of the United States was in 2 neighboring midsouthern states. I chose to explore the lived experiences of homeless adults with a CA regarding community service utilization. Additionally, the attachment theory provided a perspective that linked this population and their experiences. Viewing these delimitation components through a hermeneutical phenomenological lens was integral in my exploration of shelter guests' lived experiences to address the research question.

Significance

This results of this study may fill a gap in understanding by focusing specifically on the sub-population of homeless adults with CAs, and their lived experiences regarding community service utilization. Greater insight into the lived experiences of homeless individuals with CAs, and their individual perceptions of their needs may give insight to CA benefits and program services utilization. I anticipated positive social change from

this exploration of the unique individual needs of homeless adults with CAs in relation to community programs and services.

Summary

Despite budget allocations in the billions toward homeless services and research, from 2016 to 2017 the number of homeless individuals in America increased by 4% (HUD, 2017). This large number of individuals has unique and varied experiences with community service utilization (Walter et al., 2015). I designed a hermeneutic phenomenological study to explore and interpret the lived experiences of community service utilization from the standpoint of guests who are homeless adults with a CA. Lem et al. (2016) conducted a quantitative study of depression among homeless youth with a CA in Ontario, Canada. The primary outcome of the study was that "pet ownership had a protective association" with depression (p. 132).

In chapter 2, I discuss the literature regarding homelessness in America, causes and effects, attachment to CAs, the human-animal bond, and community service challenges. Targeting community services that address individual expressed needs requires paying close attention to homeless individuals' "life stories," (Somerville, 2013) which was the trajectory for this study. The stories herein include an exploration of attachment to guests' CAs, including their experiences, beliefs, and feelings based on community service utilization. I anticipate the results of this study will be used to assist community service providers in implementing or enhancing individualized programs and services for homeless adults. Furthermore, the research outcomes may be a building

block for those who will research similar populations, CAs, concepts, or theoretical framework.

Chapter 2: Literature Review

Introduction

The purpose of this literature review was to provide context and rationale undergirding the research question: What are the lived experiences and perceptions of homeless adults who own CAs regarding community service utilization? The review of the literature begins with a literature search explanation, and information regarding my conceptual framework, followed by a brief history of homelessness in America. I also provide a discussion of attachment theory as my theoretical framework, including a sub-section concerning adult attachment styles. Then, I apply attachment theory to homeless adults in relation to CAs as well as community services, followed by a synopsis of the current literature concerning the similarities and contrasts of homeless adults, CAs, and community services. The literature review concludes with a recap regarding community services for homeless adults with CAs, as well as the primary goals and potential impact of the study.

Literature Search Strategies

Components of the literature review includes government websites and documents, journal articles, and published dissertations. I retrieved journal articles and dissertations through the Walden University Library, with primary database utilization of (but not limited to) SocINDEX, EBSCOhost, and PsycINFO. Additionally, Sage Journals, ProQuest Central, and Taylor-Harris were used to secure relevant, peer-reviewed professional journal articles. I also used the Google search engine to research government data related to the study topic. Federal, state, and local government sites

including HUD governmental website, provided current homelessness data. To locate scholarly and peer-reviewed articles, I used combinations of the following keywords and terms along with Boolean identifiers: *homelessness, companion animals, pets, human-animal bond, attachment, community services, animal-assisted interventions, animal-assisted therapy, oxytocin, and trauma.*

Conceptual Framework

Bowlby (1969, 1973), the creator of attachment theory, developed the theory from empirical research with children (Stroebe & Archer, 2013). Bowlby infused psychoanalysis with behavioral theories and Darwin's evolutionary theory to create attachment theory (Crittenden, 2017). Bowlby (1969) posited that attachment "was gradually borne in upon me that the field I had set out to plough so lightheartedly was no less than the one Freud had started tilling sixty years earlier" (p. xi). Unlike Freud, Bowlby considered personality emerged from individual's beginnings as an infant rather than from an "end-product backwards," and that adult psychopathology may be derived from a childhood trauma (p. 4). Bowlby's attachment theory was coined as one of the last *grand theories* to not undergo extensive overhauls through the years (Carr & Batlle, 2015).

While Bowlby emulated Freud and others, Ainsworth built research upon the work of Bowlby and Blatz (Crittenden, 2017) and is reported to be the "cofounder of attachment theory" (van Rosmalen, van der Horst, & van der Veer, 2016, p. 262). In later work, Ainsworth studied attachment not only in infants, but also across the lifespan, which is an important addition to modern day attachment theory (Crittenden, 2017).

Ainsworth and Bowlby both contributed to attachment theory (Ainsworth et al., 1978; Crittenden, 2017; Meehan, Massavelli, & Pachana, 2017).

Major Theoretical Propositions of Attachment Theory

Secure attachments and adults In general, securely attached children transition into adulthood with healthy and secure relationships (Carr & Rockett, 2017; Meehan et al., 2017; Rockett & Carr, 2014). Secure adults tend to modulate stress efficiently while maintaining a sense of safety and security (Ein-Dor, 2014). Adult attachment styles are suggested to not be indicative of genetic factors (Raby, Roisman, & Booth-LaForce, 2015). Adults who are bonded with their CA may be securely or insecurely attached to humans (Carr & Rockett, 2017). Animals can be a transitional figure for building trust and rapport with other humans (Carr, & Rockett, 2017).

Insecure attachments and adults. Relationships, community, and attachment are acutely crucial to not only the physical and mental health in humans and other species, but more importantly, for survival (Serpell et al., 2017). Bonding is an evolutionary process in which mother's oxytocin (i.e., the love hormone) increases prior to uterine contractions and the birth of the baby (Kenkel, 2014). Humans are innately wired for attachment at birth (Serpell et al., 2017). Attachment theory posits that secure or insecure attachment with our mother or attachment figure during infancy is indicative of our adult attachment style (Serpell et al., 2017). For those who experience insecure attachments, a lack of felt-safety, and unresolved trauma, attachment theory is "a framework of choice in the treatment of trauma" (Schwartz, 2015, p. 257).

Homeless adults' CAs may be their attachment figure and source of survival for a number of reasons, one of which is the neurophysiological bond (Borgi & Cirulli, 2016). A number of studies posited that the majority of homeless adults do not engage community services if there are no safe accommodations for their CA (Irvine, 2013; Lem et al., 2016; Rhoades et al., 2015). The attachment a homeless individual has with a CA is relevant to a deeper understanding of lived experiences, needs, interventions, and policies affecting their lives and well-being.

Homelessness in America

Homelessness in America is not a new phenomenon (Jones, 2015). Over the centuries, the phenomenon conjoins the homeless persons' demographics, economics, and family history, within sociopolitical contexts (Jones, 2015; Neba, 2016). The concept of "deserving poor" and "undeserving poor" has transcended time since the 19th century British Poor Law, in which the homeless and poor were called beggars, wanderers, and unemployed street roamers (Gerrard & Farrugia, 2015; Jones, 2015; Wharne, 2015). After 19th century industrialization, the new face of homeless Americans became White, single, unemployed men who were typically previous farm workers (Jones, 2015). With the completion of the Transcontinental Railroad in the 19th century, this new group of homeless individuals gathered in urban neighborhoods called skid rows (Jones, 2015).

During the Great Depression in America, the homeless landscape expanded from a predominance of single, White men to an unprecedented number of poor and unemployed families (Jones, 2015). Fast-forwarding to the 1950s and 1960s, new labels for homeless White men were "hobos," "tramps," and "vagrants" considered to be able-

bodied, and therefore, “bums” (Greer et al., 2016; Jones, 2015). Subsequently, these unattached men often lived in rooming houses of larger urban cities’ skid rows, and with few exceptions, unsheltered homelessness was rare until the mid-1970s (Jones, 2015). The War on Poverty coined and developed in the 1960s by the Johnson administration, recognized poverty and homelessness as a structural problem created by resource inequality (Grant, Gracy, Goldsmith, Shapiro, & Redlener, 2013). The racial make-up of the homeless population has changed since the 1970s with African Americans comprising the majority of unsheltered homeless individuals (Donley & Wright, 2012).

Overall homelessness burgeoned during the Reagan presidency (Jones, 2015), coinciding with derogatory labels such as “street person,” “couch surfer,” and “shopping bag lady” (Jones, 2015, p. 149; Terui & Hsieh, 2016). A rise in American individualism, the privatization of social services, and the undoing of public welfare as it had been known, was considered the onset of neoliberalism that began in the 70s (Carr & Batlle, 2015). During the 1980s, neoliberalism spiked, and more than ever, people were living on the streets and in tent encampments around the country, while the chasm between the “haves” and “have-nots” grew wider (Carr & Batlle, 2015; Greer et al., 2016; Jones, 2015; Scullion, Somerville, Brown, & Morris, 2015; Stuart, 2014). In the early 2000s, President Bush pressed for infrastructures that addressed homelessness, and required point-in-time (PIT) homeless counts (Tsai, O’Toole, & Kearney, 2017). The most recent PIT from 2017, estimated the number of Americans who are homeless to be 553,742, which is a 4% increase from the previous year, and of this number, 71% are over 24 years of age (HUD, 2017). While the numbers of homeless adults increased within a year, it is

believed that the true numbers of homeless Americans are significantly higher due to a large percent not included in the PIT counts (Grant et al., 2013). Those staying temporarily with relatives or in transitional housing were not included in the survey, along with those who were unreachable during the PIT (Grant et al., 2013). Over 60% of the homeless in America are single adults (Fargo, Munley, Byrne, Montgomery, & Culhane, 2013), and approximately 23% of the current single homeless adults are considered chronically homeless (Byrne, Fargo, Montgomery, Munley, & Culhane, 2014; Greer et al., 2016; Montgomery et al., 2017). Estimates are that 12% of all homeless adults are veterans (Dinnen. Kane, & Cook, 2014).

The most current federal definition of chronic homelessness is a person that meets the

> "definition of a 'homeless individual with a disability' from the McKinney-Vento Act, as amended by the HEARTH Act and have been living in a place not meant for human habitation, in an emergency shelter, or in a safe haven for the last 12 months continuously or on at least four occasions in the last three years where those occasions cumulatively total at least 12 months" (HUD, April, 2016, paragraph 1).

Prior to 1987, the McKinney-Vento Act was previously known as the Stewart B. McKinney Homeless Assistance Act (Mosley, 2014). McKinney-Vento funds programs such as shelters, transitional housing programs, and school/work programs (Wilkins, Mullins, Mahan, & Canfield, 2016). As of 1994, during Clinton's administration, HUD began requiring a Continuum of Care (COC) in every state for communities to identify a

lead-agency to manage and distribute funding rather than HUD make provisions to numerous individual local organizations (Mosley, 2014). The COC remains in effect, and the "three hots and a cot" method of meeting survival needs is less apparent as a result (Wasserman & Clair, 2013). Through the COC method, multidimensional service centers have increasingly been taking the place of temporary shelters that provide no other services (Mosley, 2014).

Homelessness Causes and Effects

Structural issues are a cause of American homelessness (Bah, 2015; Farrugia & Gerrard, 2016; Gerrard & Farrugia, 2015; Grant et al., 2013; Jones, 2015; Somerville, 2013; Terui & Hsieh, 2016). Bah (2015) posited that homelessness is a symptom of systemic-structural problems rather than solely a result of individual factors. Other researchers have discussed individual causes of homelessness, which are numerous and complex (Bah, 2015; Brown et al., 2016; Deck & Platt, 2015; Henderson, 2016; & Somerville, 2013). The effects and outcomes of homelessness are also vast; 2 of which are stigmatization and stereotyping (Barker, 2013; Carr & Batlle, 2015; Dolson, 2015; Donley & Wright, 2012; Farrugia & Gerrard, 2016; Phillips, 2014; Polcin, 2016; Torino & Sisselman-Borgia, 2017).

Causes: Structural issues. Systemic and structural issues have been posited to exacerbate homelessness. A number of structural issues can lead to homelessness including lack of access to quality education, gentrification, employment issues, and inadequate services for those involved in the corrections system (Bah, 2015; Farrugia & Gerrard, 2016). Oudshoorn, Ward-Griffin, Forchuk, Berman, and Poland (2013)

discussed structure as "social institutions and norms that influence human relationships" (p. 318). The pathways of homelessness are highly complex (Somerville, 2013). Gerrard and Farrugia (2015) stated homelessness is similar to an unwanted child, born of capitalism. In large urban areas, homelessness has been structurally attributed to a lack of social support, economic disadvantages, drugs, alcohol, and homicide (Fargo et al., 2013). Causes of homelessness in other regions such as rural areas were a lack of affordable housing, religious issues, lack of health care, and crime (Fargo et al., 2013). Carr and Batlle (2015) stated that neoliberalism birthed in the early 1980s was a result of staunch individualism, an emphasis on privatization of social services, and an increase in the stigma surrounding homelessness.

Causes: individual factors. Beyond systemic factors of homelessness, researchers have studied a wide range of individual causes. Somerville (2013) posited that structural factors give rise to the conditions of homelessness, and individual factors are determinants of homelessness likelihood within those conditions. Individual factors include: trauma, physical illness, substance abuse, feeling at odds with society in general, mental illness, and adverse childhood events, each linked to individual causes of homelessness (Bah, 2015; Bauer, Brody, Leon, & Baggett, 2016; Brown et al., 2016; Deck & Platt, 2015; McQuistion, Gorroochurn, Hsu, & Caton, 2014; Metraux, Cusack, Byrne, & Hunt-Johnson, 2017; Polcin, 2016, Somerville, 2013; Sundin & Baguley, 2015; Thompson, Bender, Ferguson, & Kim, 2015; Wharne, 2015; Whitbeck, Armenta, & Gentzler, 2015). Furthermore, ethnicity and race are individual factors with a disproportionality of homeless minorities (Bah, 2015). The pathways into and out of

homelessness are complex, and homeless individuals may experience negative effects from others in the community (Somerville, 2013),

Effects: Stigma and stereotypes. A possible negative effect on homeless individuals are the host of stereotypes that exist in America (Barker, 2013; Farrugia & Gerrard, 2016; Phillips, 2014; Torino & Sisselman-Borgia, 2017). Many Americans believe that the homeless choose their lifestyle and "victim blame" (Donley & Wright, 2012, p. 291). Blaming homeless individuals for their circumstances is "based on long-standing assumptions that homelessness is often a personal choice" (Roche, 2015, p. 241).

Seemingly, homeless individuals' lack of conformity may lead communities to consider the deviants (Dolson, 2015). Microaggressions toward homeless individuals include publicly shunning them for being visually unappealing, dangerous, mentally ill, unmotivated, and sub-human (Torino & Sisselman-Borgia, 2017). Examples of microaggressions include: distancing from a perceived homeless person while riding public transportation, telling them to "get a job," or locking the car door when a homeless individual comes near (Torino & Sisselman-Borgia, 2017). Government funded research regarding homelessness issues tends to ignore the individual stories, rather, it bends toward pathologizing the subgroup with broad brush strokes of generalities (Farrugia & Gerrard, 2016; Phillips, 2014; Polcin, 2016). Henderson (2016) stated that "cultural homelessness" is the feeling and impressions resulting from not belonging to any one group (p. 165). Ha, Narendorf, Santa Maria, and Bezette-Flores (2015) discussed the stigma of shame toward those experiencing homelessness. Homelessness has also been

considered a “moral inferiority, dysfunctionality, and abjection” (Gerrard & Farrugia, 2015, p. 2231). Oudshoorn et al. (2013) proposed that the homeless would greatly benefit from structural and policy reform, but if cities highly invested in these needed services, there could be a mass exodus of homeless individuals to those cities.

Homeless Adults Attachment to Their CA

Companion animal owners report a preference of their CA over other close relationships, suggesting an attachment to their CA, and manifested by close proximity maintenance and distress when separated from the pet (Meehan et al., 2017). The human-animal bond and attachment has been observed by a number of worldwide organizations since the 1970s (Szyper, 2016). Research regarding the human-animal bond began in the 1980s, and the trend has steadily grown, since (Hosey & Melfi, 2014). CAs provide unconditional love and are free from judgment of their owner’s backgrounds or struggles (Irvine, 2013; Lem et al., 2016; Szyper, 2016). Additionally, CAs have been described as giving the owners a sense of belonging, purpose, and attachment (Maharaj & Haney, 2014).

Homeless individuals and other vulnerable populations have a stronger attachment to their CA than the general population (Hanrahan, 2013). Many see their CA as more than a pet, but rather, a necessary lifeline (Hanrahan, 2013). Further, CAs are avenues to their homeless owner’s “moral identity,” which refers to a positive self-worth (Irvine, 2013, p. 3). CAs are buffers from extreme suffering, danger, and low self-worth, but on the other end of the spectrum, CAs are referred to as rescuers, a sense of responsibility, and lifesavers (Irvine, 2013). Irvine’s qualitative interviews with homeless

adults with CAs indicated that their animals helped them out of a deep-depression, into a social network, reduced post-traumatic stress disorder symptoms, freed from addictions, and for some, a newfound spirituality. Many homeless individuals discussed a strong bond with their dog, and the reason to not commit suicide (Irvine, 2013; Lem et al., 2016; Rhoades et al., 2015). Homeless persons with CAs have reported their CA buffers many symptoms of loneliness (Rhoades et al., 2015). Of the unsheltered persons interviewed by Donley and Wright (2012), those with CAs cited an increased sense of security, warmth, and companionship. Szyper (2016) recommended research for exploring the homeless community's attachment to their CA as a means of coping with "notable distress" (p. 56).

Professionals are increasingly becoming aware of the benefit that CAs have for their clients and as tools for increased rapport-building (Hanrahan, 2013). Hanrahan (2013) cited that social workers must consider clients' CAs as part of psychosocial evaluations, genograms, eco-maps, and interventions. Additionally, Hanrahan stated, "social work theory, practice, research, and education can no longer overlook the intrinsic anthropocentrism of its theoretical foundations" (p. 74). Scholastic organizations have joined the movement toward inclusion of animals in therapeutic milieus. The University of Denver School of Social Work provides training for professionals pursuing an animal-assisted therapy certificate (Risley-Curtiss, Rogge, & Kawam, 2013).

Companion animals & oxytocin. Studies have shown that in bonded human-animal relationships, oxytocin rises in both the human and the animal (Furst, 2015; McCullough, Ruehrdanz, & Jenkins, 2016; Serpell et al., 2017). Positive interactions with CAs have physiological benefits stemming from an increase in oxytocin, including

decreased blood pressure and reduced cardiovascular effects of stress (Gonzalez-Ramirez & Hernandez, 2014; Hosey & Melfi, 2014; Risley-Curtiss et al., 2013). Additionally, the increased oxytocin from CA interaction provides benefits such as decreased stress and anxiety, and increased socialization (Gonzalez-Ramirez & Hernandez, 2014; Graham & Glover, 2014). This "sensory stimulation" activated by oxytocin increases pain thresholds in humans as well as reduces stress (Hosey & Melfi, 2014).

Homeless Adults Without Companion Animals & Community Services

Mental health services. It is not known if homeless individuals became homeless due to mental health issues or vice versa. A wealth of studies posits large numbers of positive mental health benefits that CAs provide their human-owners (Risley-Curtiss et al., 2013; Szyper, 2016). Benefits include reduced stress, anxiety, depression, and isolation (Szyper, 2016). CAs have the propensity for buffering negative mental health symptoms (Szyper, 2016). For persons with mental disabilities, their CA helps to decrease social isolation, decrease stress and cortisol while increasing oxytocin (Szyper, 2016).

Compared to housed Americans, the homeless experience greater burdens of mental health issues (Lebrun-Harris et al., 2013). The homeless participants of the Zur and Jones (2014) study reported a significantly higher rate of unmet mental health needs than non-homeless patients. Trauma unchecked may have harmful mental health effects on individuals, and up to 90% of homeless adults have experienced a lifetime traumatic event (Dinnen et al., 2014). Unresolved trauma is cited as a pathway to homelessness (Dinnen et al., 2014; Larkin et al., 2014). Dinnen et al. (2014) expressed the need for

strong trauma-informed care programs for the many homeless with unresolved trauma. Components of trauma-informed care include the ability to recognize trauma symptoms, creating a sense of safety for clients, strengths-based, trust building, and cognitive processing. Larkin et al. (2014) posited that "housing stability is predicted by trauma symptoms" (p. 76).

Addiction services. Between 41 and 84% of homeless individuals have a substance abuse disorder (Tsai, Kasprow, & Rosenheck, 2014). Of the chronically homeless, 30% have a mental illness disorder and 50% have a co-occurring substance abuse disorder (Greer et al., 2016). Death by drug overdose among the homeless population is not uncommon (Baggett et al., 2015; Bauer et al., 2016), with overdose being over 20 times higher in the homeless population than in the general population (Bagget et al., 2015). Unsheltered homeless individuals who abused alcohol, collectively believed "alcohol was the solution, not the problem" (Donley & Wright, 2012, p. 301). Similarly, Polcin (2015) discussed substance abuse as both a cause of homelessness and a coping strategy for being homeless.

Oftentimes, access to community services requires the homeless individual to be sober in order to receive services (Petrovich & Cronley, 2015). Homeless individuals accepted for Housing First permanent supportive housing (PSH) however are not required to be sober prior to moving in (Gilmer et al., 2013). Housing First was implemented soon after the McKinney-Vento Act was passed in 1987 (Mosley, 2014), and provides subsidized rent, unlimited residency in the units, and community based case management services (Tsai et al., 2014). Residents stated that for most, their substance

abuse issues waned, but a fear of relapse continued to be a struggle (Poremski, Woodhall-Melnik, Lemieux, & Stergiopoulos, 2015). The use of drugs, tobacco and alcohol has been linked to physical health symptoms within the homeless population (Baggett et al., 2015).

Physical health services. Homeless patients experience twice the unmet physical/medical needs as housed patients (Lebrun-Harris et al., 2013), but barriers exist for obtaining health care services (Ha et al., 2015; Poremski et al., 2015). Zur and Jones (2014) argued that regarding medical and dental needs the homeless and nonhomeless were both likely to receive treatment needed, but the authors stated that the homeless individuals had greater needs than the housed population. The "vulnerably housed" are persons in temporary arrangements such as hotels, rooming houses or "flop houses," which places them in great danger of health problems (Argintaru, Chambers, Gogosis, Farrell, Palepu, Klodowsky, & Hwang, 2013, p. 1). Baggett et al. (2015) discussed the need for multidimensional approaches and solutions for the homeless. Many who are homeless do not have health insurance or the funds to pay for doctor visits, instead most resort to hospital emergency rooms (Argintaru et al., 2013; Lebrun-Harris et al., 2013). Additionally, homeless individuals lack transportation to get to health care providers (Zur & Jones, 2014). The unsheltered homeless who are exposed to extreme weather (heat and cold) have added health challenges such as heat stroke, dehydration, respiratory issues, hypothermia (Cusak, van Loon, Kralik, Arbon, & Gilbert, 2013). In addition, the homeless who take antipsychotic medications and exposed to hot climates are at risk for serious health problems (Cusak et al., 2013).

Homeless have not only higher risks of physical health problems, but increased mortality rates due to health issues (Argintaru et al., 2013; Baggett et al., 2015; Montgomery et al., 2017; Oudshoorn et al., 2013). Physical health causes of death in the homeless population include HIV, cancer, liver cirrhosis, and heart disease, all of which may have been symptoms of substance abuse and sleeping rough (Baggett et al., 2015). A posthumous study from medical examiner's records in Philadelphia determined that of 141 decedents' records, 27% occasionally used community services and 24% never used homelessness services (Metraux et al., 2016). By far, the majority were male, and the major causes of death were either natural death or accidental. Premature mortality was greater among transgendered homeless individuals, than other groups partly due to violent, fatal attacks and HIV/AIDS (Montgomery et al., 2017).

Financial services and employment. A lack of income and resources contributes to homelessness. Employment barriers include a lack of marketable job skills, mental illness, substance abuse problems, physical health problems or disability, lack of transportation, poor credit, lack of education, and criminal histories (National Coalition for the Homeless, n.d.). The majority of homeless participants in Donley and Wright's (2012) study stated they were homeless due to no available jobs or money, and they panhandled to occasionally make money. Others in the study were able to earn a small amount of money from gathering and selling scrap metal (Donley & Wright, 2012; North & Pollio, 2017). Up to 55% of younger homeless adults spent approximately half ($400) of their income each month on illegal drugs (North & Pollio, 2017). This group was

reported to engage in “risky income-generating activities” such as sex work, drug dealing, and theft, among other illegal activities (North & Pollio, 2017, p. 1).

There is scarce known research regarding how homeless individuals manage money (Caplan, 2014). For those who receive social security benefits each month and are unable to manage the funds, they will often designate or be assigned a representative payee (Kennedy & King, 2014). Most often the payee is a trusted family member or friend, but professional organizations offer payee services as well (Kennedy & King, 2014). There are no known financial literacy trainings for recipients of social security funds (Caplan, 2014).

Eighty percent of the chronically homeless men interviewed in Tsai and Rosenheck’s (2016) study had not been employed within the last month. Many have a physical or mental disability, which may qualify them for supplemental security income and/or social security disability income (Kennedy & King, 2014). Application has been challenging for many due to having no phone, permanent address, or access to computers. Extra efforts have been made in many urban areas to assist individuals with applying for these 2 governmental income sources through the help of a case manager (Kennedy & King, 2014). This type of assistance is a result of the Social Security Supplemental Security Income Outreach, Access and Recovery program (SOAR; Lowder, Desmarais, Neupert, & Truelove, 2017). Instead of waiting for applicants to come to the social security office to apply for benefits, SOAR case managers enter areas where homeless adults are commonly found and assist them with benefits applications. Of those who have

applied through SOAR, 65% were approved for social security benefits (Lowder et al., 2017).

Shelter and Safety Services

When residents feel safe in their homes and stress symptoms decrease, their ability to maintain employment increases (Poremski et al., 2015). Shelter and safety are basic needs of all individuals (Hsu, Simon, Henwood, Wenzel, & Couture, 2016; Larkin et al., 2014). Cities in America incur heavy costs to subsidize homeless shelters, but national shelter usage by single adults dropped from 2007 to 2015 by 3% (Greer et al., 2016). Across the United States, acceptance for staying at temporary shelters varies from city to city and shelter to shelter (Donley & Wright, 2012; Greer et, al., 2016; Ha et al., 2015). For example, the HomeBase program in New York City requires applicants' incomes to be lower than 200% of the poverty line (Greer et al., 2016), and various Orlando shelters require applicant couples to be married (Donley & Wright, 2012). Ha et al. (2015) cited causes for some to not utilize temporary shelters including safety concerns at the shelters, stealing, shame and stigma, self reliance, rules, and staff attitudes. Larkin et al. (2014) posited that the homeless with trauma symptoms have the highest rate of housing instability.

Housing First is a PSH program created by the U.S. government that is finding success in large urban areas (Byrne et al., 2014). The program assists in moving the chronically homeless off the streets into subsidized housing (Byrne et al., 2014). Permanent Supportive Housing provides wraparound services, and once placed in a housing unit, residents are no longer considered homeless by government standards

(Byrne et al., 2014). Services include those for mental health disorders, substance abuse, and case management (Byrne et al., 2014). Residents of PSH enter homes "just as they are" without requirement to receive services available, nor are they required to become sober (Byrne et al., 2014).

Community Services for Homeless Adults with CAs

Known research addressing homeless services for those with a CA is scant, at best. Irvine (2013) stated that there were no known homeless shelters that accepted animals, which led her to find participants at an inner city free veterinarian clinic. Of the narratives in Irvine's study, one participant, Denise, discussed being unable to find housing because of her dog. Denise's case manager was not successful in finding housing because of Ivy, who then asked Denise to give the dog away. Denise emphatically refused to give up Ivy because she gave her reason to live. Many homeless individuals do not pursue community services such as healthcare due to not having a secure place to take their CA while receiving services (Rhoades et al., 2015). Maharaj (2015) cited that most homeless young adults with a CA only pursued services that could accommodate their CA. The majority of homeless with CAs would not choose a housing option where their CA is not permitted (Rhoades et al., 2015). Homeless persons with CAs will forego basic needs and medical care, by putting their CA first even when local shelters have beds available (Donley & Wright, 2012).

There is a growing number of American homeless and domestic violence shelters who are making provision for guests' CAs by adding indoor kennels (Donley & Wright, 2012). Additionally, HUD created the "joint component" project in 2017 for

homeless individuals to be quickly connected to permanent housing (Knotts, 2017). The project specifies low barriers to acceptance including permitting residents' CAs (Knotts, 2017).

Community Services for Homeless Adults with and without CAs

Research is replete with studies regarding homelessness and community services for the homeless without a CA**.** Mental health services including trauma informed care, substance abuse treatment, physical health services, financial assistance, and shelter are avenues of addressing many unmet human needs of the homeless community without a CA (Baggett et al., 2015; Lowder et al., 2017; Petrovich & Cronley, 2015; Zur & Jones, 2014). A solution to the housing needs has been addressed by the Housing First program in America by providing housing with low barriers (CAs are permitted) to the chronically homeless in larger urban areas (Byrne et al., 2014). Some temporary shelters have also made accommodations for both the guest and their CA within the last few years (Donley & Wright, 2012). Meeting basic needs of homeless adults with a CA seems to show some improvement, but many of the barriers remain (Rhoades et al., 2015).

Summary and Conclusions

Summary

Research is well supplied with studies addressing homelessness causes, effects, and programs dating from the British Poor Laws to the modern-day era (Gerrard & Farrugia, 2015; Jones, 2015; Wharne, 2015). Depending on the presidential administration, funding and services for the homeless have ebbed and flowed (Jones,

2015). Each year, the PIT census is taken to determine the approximate number of homeless in America, and in 2017 the estimate was 553,742 (HUD, 2017). Of this number, 71% are adults over the age of 24 (HUD, 2017). A host of community programs provide services for the homeless including shelter, permanent housing, substance abuse treatment, mental health and physical health services, and financial aid, but those with a CA are likely to forego engaging services to avoid separation from their CA (Donley & Wright, 2012; Farrugia & Gerrard, 2016; Phillips, 2014). Approximately 25% of homeless individuals have a CA (Rhoades et al., 2015), and their human animal attachment is greater than that of the American general population (Hanrahan, 2013). Physiological benefits of human animal bonds include an increase in oxytocin that seeks to counteract the stress hormone, cortisol (Gonzalez-Ramirez & Hernandez, 2014; Hosey & Melfi, 2014; Risley-Curtiss et al., 2013). Ninety percent of homeless individuals have experienced trauma in their lives, and that if untreated, may manifest high stress levels when triggered (Dinnen et al., 2014). Their CA may be the homeless individuals' attachment figure that provides felt safety.

After expansive search of the literature, I have found meager research addressing community service utilization of homeless adults with CAs. Further, there are no known studies regarding the lived experiences of this vulnerable population regarding community service engagement or lack thereof. Phillips (2014) expressed the need for voices of the homeless to be heard in research and public policy. Farrugia and Gerrard (2016) stressed that research regarding homeless individuals must seek to "know and feel homelessness" expressed through the voices of those experiencing it (p. 280).

Conclusion

The focus of this study is on American homeless adults 25 years old and above with a CA. A noticeable theme from the literature is the strong bond/attachment between a homeless individual and their CA, not unlike that of a close knit family bond (Hanrahan, 2013; Irvine, 2013; Lem et al., 2016; Rhoades et al., 2015). I have discovered no known research exploring the lived experiences of this specific population regarding pursuit or decline of community services. I was unable to find substantial research addressing the perceived needs of homeless adults with CAs or how their animal may have superseded services and programs. I address each of the community services (mental health, addiction, physical health, financial, employment, shelter, and safety) in the literature review with study participants/guests. The depth of the literature review information provided foundational background and insight to interview individuals meeting the study criteria. The procedures, plans and specific methods are discussed in the following methodology chapter.

Chapter 3: Research Method

Introduction

The purpose of this qualitative study was to explore the lived experiences and perceptions of homeless adults with CAs regarding community service utilization. In this qualitative, hermeneutical phenomenological study, I documented the subjective lived experiences of the shelter guests and interpret themes from the collected data. In addition, I wrote memos throughout the research process as a means of bracketing my ideas and assumptions for possible bias (see Charmaz, 2015). The phenomenological explorations of this study were focused on understanding the value of guests' CAs and community service interactions/utilizations as told from their perspectives.

Chapter 3 includes a discussion of the research design and rationale, my role as researcher, participants and sampling, instruments, data collection procedures, data analysis, and trustworthiness. Next, ethical considerations are documented, followed by a summary of the section. Each methodological component is linked to my design and connected to my research question.

Research Design and Rationale

Phenomenology is a paradigm of qualitative research in which researchers explore the social world through lived experiences of phenomena (Duckham & Schreiber, 2016; Grossoehme, 2014). Phenomenological research asks the question, "What is this experience like?" (van Manen, 2017, p. 811) The lived experiences of community service utilization by homeless adults with CAs was the focus of exploration for this study. Homeless adults with CAs are a unique subpopulation who have had experiences with the

phenomena of community service utilization and therefore, were considered viable participant candidates.

Phenomenological qualitative research is a process of parceling out the researcher's personal bias by putting aside preconceived notions or judgments and seeking to understand other's experiences and worldviews (Duckham & Schreiber, 2016). A feature of this type of research is the exploration of participants' lived experiences by bracketing out (i.e., epoche) any other preconceived ideas of the researcher (Adams & van Manen, 2017; Duckham & Schreiber, 2016; van Manen, 2017). Duckham and Schreiber (2016) provided a phenomenology analogy in which an individual seeks to understand the violin, but to do so, it is necessary to intentionally focus on the violin by bracketing out the other symphony instruments. I chose the phenomenological tradition for my research to intentionally focus on homeless adults with a CA. I sought to ask the question, what is this experience of being a homeless adult with a CA like regarding the pursuit of community services?

Hermeneutic phenomenology is synonymous with interpretive phenomenology. (Horrigan-Kelly, Millar, & Dowling, 2016; Tuohy, Cooney, Dowling, & Sixmith, 2013). Hermeneutic researchers explore "phenomena that are rarely noticed, described, or accounted for" (Crowther, Ironside, Spence, & Smythe, 2017, p. 827). Hermeneutics (i.e., interpretive) is the perspective of phenomenology that focuses on interpreting how people experience and understand life as interpreted and explained by people who study them (Horrigan-Kelly et al., 2016). Interpretive studies focus on structures of experience and how things are understood by people who live through these experiences and by those

who study them (Horrigan-Kelly et al., 2016). Therefore, hermeneutic phenomenology aligned with the intent of this research; to unearth aspects of community service utilization (or lack thereof) by homeless adults with a CA. Participants' responses are interpreted not only from an individual standpoint, but also in social context (Horrigan-Kelly et al., 2016).

Research Question

In my study, I addressed the following research question: What are the lived experiences and perceptions of homeless adults who own CAs regarding community service utilization?

Role of the Researcher

In qualitative research, the researcher's positionality is that of the primary instrument (Grossoehme, 2014). My role as researcher in this study was to interview individuals individually and follow my semi-structured questionnaire (see Appendix A). Bias is an ever present issue to be mindful of and addressed in qualitative studies (Grossoehme, 2014). I had processes in place to suspend my preconceived judgments about the shelter guests and the data. Prior to and during interviews, I made every effort to bracket out my views and intentionally focus on the guests' experiences. Hermeneutical phenomenological studies are strengthened through bracketing and epoche (Amos, 2016: Duckham & Schreiber, 2016). Adding to measures of addressing bias, the process of self-reflection seeks to ascertain the researcher's beliefs about the study phenomena (Snelgrove, 2014). Documentation of preexisting ideas is "congruent with

interpretive phenomenological analysis" in examining bias within a study (Snelgrove, 2014, p. 23).

Self-Reflection

My interest in homeless individuals with CAs stems from experiences in my life. For most of my adult life, including the present, I have owned animals. CAs have been important to my life, and I realized that my participants may have different reasons than I have for owning a CA. While I have never experienced homelessness, I understand poverty from personal experience. As I reflect on personal experiences, I understand that connections to my participants and to their lived experiences with community services could have evoked various emotions. I have no particular experience nor bias regarding community service availability or lack thereof. I understood that there was potential for some reactions to participants with a human animal bond who had been denied services.

I am currently a social work instructor for bachelor-level university students. Except for occasional volunteer work or advocacy in the community, my work is directly with my students. Most of my classes are of the macrosystem level of intervention. I am aware of American stigma and stereotypes regarding homeless adults, and I attempted to temper any judgment (positive or negative) by circumventing overgeneralizations. It was my desire to hear the voices of my participants and explore their experiences with community services. My draw to the phenomenon was based upon deep curiosity about homeless adults who have perhaps foregone basic needs to avoid a risk of separation from their CA. I kept a reflexive journal for personal reflections throughout data collection with mindfulness of possible bias.

Methodology

Participants

In this study, I used a purposeful sampling method of individual shelter guests in who were homeless adult men and women, (25 years old and older) with a CA (see Roy, Zvonkovic, Goldberg, Sharp & LaRossa, 2015). The 2 research sites were shelters that provided onsite kennels for guests' CAs. This community service with accommodations for CAs was a common thread with each of my guests. The federal government recognizes homeless persons 24 years old and under as youth (HUD, 2017), therefore my guests were 25 years old and up.

Irvine (2013) discussed access to the homeless individuals with CAs was not possible at shelters due to rules against CAs on-site. Since Irvine's study, some shelters in the United States have changed their CA rules by providing kennels on the premises. Participants in my study were staying at a CA-friendly temporary (emergency) homeless shelter located in Oklahoma or Texas. The HUD (n.d.) classified an emergency shelter as any facility whose primary purpose is to provide temporary shelter for the homeless. Beyond overnight shelters, day shelters are also considered emergency shelters for homeless individuals (HUD Exchange, 2012).

Sampling Strategy

Purposeful sampling refers to selection of participants based upon a specific prescribed category (Cleary, Horsfall, & Hayter, 2014; Palinkas et al., 2015; Robinson, 2014). In addition to participants having a knowledge about a phenomenon, their availability and willingness are key in obtaining information rich data (Palinkas et al.,

2015). Criterion sampling is a subcategory of purposeful sampling (Palinkas et al., 2015). In my study, the sample criterion included being a homeless adult, age 25 years or older and staying at an emergency shelter with their CA. Shelter guests were required to be fluent in English as their primary language. Carlsson, Blomqvist, and Jormfeldt (2017) posited that inclusion of research participants with "severe and persistent mental illness" such as schizophrenia and psychosis are important as a means of reducing stigmatization (p. 1). Given this suggestion, I was open to including agreeable shelter guests who met my sampling criteria if their data were usable based on coherency. I also used snowball sampling, which provided an opportunity to meet with other agreeable guests during multiple visits to the day shelter. Snowball sampling is recommended for participant recruitment of vulnerable populations such as homeless individuals (Crawley et al., 2013).

I classified homelessness in accordance with the HUD (2017) definition, "a person who lacks a fixed, regular, and adequate nighttime residence" (p. 2). Additionally, guests must have experienced interactions with community services (including pet friendly shelters) by attempting to receive services or maintain service utilization. Demographic homogeneity refers to groups of people with commonalities such as age and socioeconomic status, both of which apply to homeless adults over 25 years of age (see Robinson, 2014).

My semi-structured interviews with guests were guided by questions prepared in advance (Appendix A). Staff posted flyers at the shelter at least 2 weeks prior to my arrival, as the means of recruitment. The flyers included the date and times I was going to

be at each shelter site. Potential guests who did not qualify would have been informed at the time of the preliminary qualification.

Sample Size

Qualitative, hermeneutic phenomenological sample sizes tend to be relatively small and contextual (Grossoehme, 2014). My study plan was for a minimum of 8 and maximum of 12 guests, or until data were saturated. Redundancy (i.e., saturation sampling) occurs when interviews no longer add new information (Cleary et al., 2014; Roy et al., 2015). Cleary, Horsfall, and Hayter (2014) discussed redundancy as the point when "the conceptual wellspring has dried up and interviewees reiterate each other's ideas" (p. 474). I was intentional in including a sample size that sufficiently provided thick, rich data from homeless adults with a CA regarding community service utilization until saturation.

Procedures

Homelessness and personal histories are potentially sensitive topics for those who were interviewed. It was suggested that researchers express honesty and anonymity in order for participants to feel safe (Bourne & Robson, 2015). A majority of Bourne and Robson's (2015) participants feared negative judgment, and it was reiterated that efforts on the part of researchers must be made for a neutral environment. In other words, regardless of an interviewee's responses, I remained engaged and empathetic, but not overly reactive to responses. To decrease the likelihood of overreacting, I practiced by interviewing friends and family as a mock trial experience prior to beginning interviews

with guests at the shelters. Each participant was provided a $20 gift certificate post interview for volunteering their time and experiences.

Data Collection

The data collection tool in hermeneutic phenomenological studies is the researcher (Grossoehme, 2015; Tuohy et al., 2013). Being mindful of participants' comfort, trust, and safety is paramount. Semi-structured individual interviews that pursues participants' lived experiences include their similarities and differences (Chan & Farmer, 2017). As noted on the recruitment flyer, prospective participants were informed of a sign in sheet that was posted near the room where interviews took place. Interviewees selected their preferred time of interview and wrote "taken" on the sheet next to the time slot. On a provided piece of paper, each participant wrote their name and interview time, then placed it in the opening of a sealed/locked box. The box and all papers stayed in my possession or eyesight. I met with each individual participant at 1 PIT in a private office at each shelter to discuss confidentiality/release forms prior to asking the semi-structured questions I created (see Appendix A). Additionally, predetermined prompts and probes were included appropriately (see Appendix B). Each question on the data collection instrument was directly related to my research question. Before guests arrived, I ensured that the room was comfortable and private. I waited in the assigned room where guests had privately been given a time to arrive. Each interview was audio recorded with a smartphone application (i.e., Audio Note Lite) as well as a digital recording device as a safeguard against the loss of any recorded data. The audio recordings were immediately ready for playback after each interview. After transcription,

each interview from the phone application was deleted, and data from the digital recorder were transferred to my personal computer, which is password protected.

Interviews and the Interview Protocol

Institutional Review Board (IRB) principles and protocols were adhered to in all phases of this study. Two weeks prior to my visit I provided each shelter with a flyer that was posted announcing voluntary recruitments along with the dates and times of my interview availabilities. Both shelters provided written approval to interview guests who were agreeable. I do not personally nor professionally know any shelter staff or residents. Gatekeepers (shelter staff) understood and agreed to not recruit guests by any means, which was discussed and documented with staff in advance of arriving at the shelters. This measure aided in increasing confidences of guests to be under no compulsion to participate.

For each shelter site, at the predetermined agreed upon date, time, and location, I was posted in a specified area that was accessible to prospective guests. If more than 1 guest arrived at the same time, I interviewed 1 person and asked the other person where I may locate him or her, then attempted to locate them for interviewing. Each interviewee was privately asked basic questions to determine appropriateness of inclusion in the study. The first interviewee of my study was considered a field test participant. The field test responses are not included in the study, rather, they were a means of testing the alignment of the interview questions with my research question. Additionally, I sought to determine if any questions caused any undue stress. Any needed changes to the questionnaire would have been made prior to interviewing my first participant whose

responses are part of my study, but no changes were deemed necessary. Changes would have been cleared by my committee and the IRB before making the permanent changes.

Prior to interviews, selected guests were provided information regarding the study details, followed by signing consent forms, and then each interviewee was given an opportunity to ask any questions prior to proceeding with the interview. Also prior to interviews, guests were informed of my return within 3 days to hand deliver their typed transcript document for review. Guests were permitted to read the transcript, or I could have read it to them according to their preference. Based upon qualitative research studies with homeless guests, it was expected that each interview would take approximately 1hour, which included 10 to15 minutes to discuss the consent forms prior to recording data (see May, 2015; Neba, 2016; Petrovich & Cronley, 2015; Roche, 2015; Terui & Hsieh, 2016).

A consideration with my study population was the possibility of transience. Some guests came and went quickly while others utilized the emergency shelter for longer periods of time. Given the transience possibility, I was permitted to visit each shelter as needed to obtain sufficient data for this study. For additional interviews at either shelter, a flyer would have been forwarded prior to each planned visit. I returned to each site to interview willing and appropriate guests until data was saturated.

Also considered during the interviewing process was mindfulness of attending behaviors. Initially, building a sense of rapport with each participant is important (Miller, 2017). Additionally, listening, prompting, ensuring guests are comfortable, caution in power dynamics, and empathy are interviewing skills for greater outcomes (Miller,

2017). It was important that each participant felt comfortable and safe. Physical comfort was addressed before and during each interview. Data confidentiality was addressed by giving each participant a numerical guest code rather than using any part of their name as suggested by Alter and Gonzalez (2018). This was discussed with guests prior to beginning interviews.

Informed Consent

It was clearly communicated to potential guests that participation, or not, would not impact their ability to continue to receive services from the shelter. Prior to beginning interviews, I explained to each participant the purpose of the study, their right to withdraw from participating at any time, potential risks and possible benefits (Alter & Gonzalez, 2018). Each participant's signed consent form was placed in a file folder and stored in a file cabinet of which I am the only person who has the key.

Debriefing after the Interview

The opportunity to debrief with each participant after the interview is an important aspect of the research process. In keeping with the American Psychological Association (n.d.) recommendation, interviewees were given opportunity to ask questions and share any feelings of distress or confusion. I provided each participant information regarding professional therapeutic services should they experience difficult feelings from the interview exchange. Emergency shelter guests at the Texas and Oklahoma sites were given the name and contact information for their local mental health service provider if they wanted to see a professional for the processing of their feelings.

Data Analysis

Interviews were transcribed as a Word document from the audio recordings of each participant's responses. REV transcription services were used for creating audio data into transcribed data within 12 hours of each recording. Hard copies of the transcripts were kept in each respondent's file folder unless I was actively reviewing it. To evoke meaningful, rich data from guests, my semi-structured interview questions are directly related to my theoretical and conceptual components as recommended by Hsu et al. (2016). Each interview question correlates with conceptual components of homelessness, CAs, and/or community services. Further, my interview questions relate directly to the research question, which Grossoehme (2015) cited as optimum for deriving focused responses. Any bracketed notes regarding nonverbal behaviors during the interview was reviewed as part of the thick, rich descriptions.

Memo Writing

Memo writing is an avenue for investigating ideas and self reflect on personal assumptions (Charmaz, 2015). Additionally, memo writing is compared to "private conversations" during the coding and analyzations of data (Charmaz, 2015, p. 1617). I made notes (memos) as I explored and interpreted the data, which bracketed out initial reactions toward interview data.

Coding

The bulk of data analysis lies within the attributes of themes that surface and ensuing codification (Palinkas, Horowitz, Green, Wisdom, Duan, & Hoagwood, 2015). Coding involves reflexivity, labeling data, and a prompting of ideas to further explore (Charmaz, 2015). Data processing include analyzing the transcriptions and codifying

themes “meaning units” manually (Aagaard, 2017, p. 519). Interview transcriptions from each participant elicit pages upon pages of hardcopy data. After carefully comparing the audio data with the transcribed data for accuracy, I attempted to meet individually with each participant for review of their interview information. I then laid out the printed transcripts/field notes and manually code them, but first, precoded each one by marking important data as suggested by Chan and Farmer (2017). Most wordprocessing software includes the ability to search for key words within a document. I did this and then highlighted key words that were frequently repeated. Much of phenomenological qualitative research generates different codes followed by a lesser number of categories, all of which are recorded in a codebook (Chan & Farmer, 2017). I followed the prompts provided by Charmaz (2015) regarding codes and categories:

1. What might the code or category assume?
2. Under what conditions is a category identifiable?
3. How does a code or category fair when compared with more data?

Codes and categories were followed by data interpretation. This analysis includes classification of categories and themes, followed by inductive analysis (Grossoehme, 2014). Next, from thick, rich data, interpretations of the clustered data were made, unfolding sapience into hermeneutic phenomenological, subjective lived experiences (Adams & van Manen, 2017).

Issues of Trustworthiness

Trustworthiness in hermeneutic phenomenological qualitative research is the rigor executed to increase quality or validity, and is a process (Grossoehme, 2014). This type

of research is not fashioned for generalizability, but rather, geared for contextualized and transferable thick/rich data derived from the voices of participants (Chan & Farmer, 2017; Crowther et al., 2017). Credibility is considered internal validity and a component of phenomenological qualitative trustworthiness (Chan & Farmer, 2017). In my study, confirmability, reflexivity and member checks are credibility components.

Confirmability

Confirmability is the degree of ability that other researchers may corroborate my data and findings (Anney, 2014). In my study, an audit trail and a reflexive journal provide confirmability. I have documentation for every decision and activity involving the data as suggested by Anney (2014). Documents include audio interviews (raw data), interview notes, and bracketing documentation.

Reflexivity

In addition to memo writing for coding transcripts, a reflexive journal was kept. From the beginning of data collection and throughout the process, reflexivity was part of the audit trail as a source of field notes and personal reflections. As recommended by Anney (2014), I purposefully made notes about assessments of my personal feelings, experiences, and thoughts in response to data. Phenomenology posits that researchers' reflexivity is a forefront to exploration and interpretation (Horrigan-Kelly et al., 2016). I kept a hardcover journal on hand during interviews, data transcription, and data analysis to record ongoing questions, thoughts, and feelings I experienced. The notes included confrontation of any preconceived notions that surface. My committee chair had access to the journal that was available for feedback and further critical analysis.

Member Checks

Member checks also provide credibility by following up with each participant to verify transcribed interview information of their lived experiences. Member checks are "the heart of credibility" and confirmation of interview data (Anney, 2014, p. 277). Due to the possibility of guests leaving the shelter after a brief stay, I utilized the transcription software application, printed the documents, and then attempted to verify data accuracy soon after each interview. I planned on approximately 2 to 3 hours of transcription processing and document organization for each hour of interview recordings. Within 72 hours of interviews I attempted to meet with each participant privately at the shelter to ensure their responses were heard and transcribed correctly. It was expected that followup interviews for transcription accuracy would take about 30 minutes per participant (Neba, 2016). As previously discussed, depending on the length of interviews and data recorded, numerous visits to the shelters were anticipated over a period of time. This included an allowance of ample time for individual's preinterview, interview, transcription processing, and follow-up member check interview. Transience of the guests and irregular visits to the shelters proved to be a challenge in obtaining guests' review of their transcribed data.

Ethical Considerations

Prior to conducting any research study, it is paramount to obtain approval by the university IRBs (DiPersio, 2014). IRB review applications for any potential risks to the guests. Further, IRBs seek to protect at risk populations such as homeless individuals (DiPersio, 2014). Internal facing transparency is being clear about the study and its goals

with each participant (Crowther et al., 2017). Issues of confidentiality were addressed with each participant followed by obtaining informed consent signatures prior to beginning the interviews. Confidentiality includes informing the participant what will and will not be done with their information (Grossoehme, 2014). I met individually with guests in a private office at the shelter and sought to use language that was understandable. Each shelter had a private room for interviews with agreeable guests. I explained to each participant that some questions might be considered sensitive or evoke an emotional response, and then gave 2 to 3 examples prior to beginning the interview questionnaire. They were given the option to answer each question, refuse to answer, or answer later in the interview. In keeping with other qualitative studies whose participants were homeless, I provided interviewees with a $20 gift card (Irvine, 2013; May, 2015; Petrovich & Cronley, 2015; Rhoades et al., 2015; Roche, 2015; Terui & Hsieh, 2016). At the end of each interview, I debriefed with each participant, thanked them for their time, and gave them the gift card. Had any of the guests' recollections caused discomfort, I would have provided contact information for mental health professionals who provide services for guests of the 2 emergency shelters. Shelter guests at both sites were provided information regarding free or sliding scale fee mental health services in the community.

In an age of high technology, firm strategies to maintain participants' anonymities are central to protecting their identities and data (Grossoehme, 2014). Each participant was assigned a code (Guest 1, Guest 2, etc.) to protect their identity. The codebook information has been stored on my computer and on a separate USB, which is stored in a locked cabinet when not in use. Strategies included storage of guests' identifying

information and their data encrypted, and saved on a USB in accordance with the Health Insurance Portability and Accountability Act, which included protected passwords (Lustgarten, 2015). The data stored on my computer is password protected. The raw data will be stored for a minimum of 5 years.

Summary

I used the hermeneutic phenomenological strategy of inquiry to explore the subjective lived experiences of community service utilization by homeless adults with a CA. I also interpreted responses, which is characteristic of hermeneutic phenomenological research. Each of the guests were staying at a temporary emergency shelter in Texas and Oklahoma that accommodated guests and their CAs. The essence of homeless adult participants' subjective lived experiences regarding being a CA owner and engaging community services was the purpose of this study. My role was that of the research instrument in keeping with phenomenological qualitative research. I used a purposeful, criterion sample of homogenous guests. Eight to 12 individual guests (or until saturation) was planned, with each one to be interviewed privately within their temporary emergency shelter. From the semi-structured questionnaire, based upon lived experiences, interviewees were asked what policy makers and community service providers needed to know. Possible outcomes of my research included reevaluation of public policies regarding homeless persons with CAs as well as a greater understanding of homeless adults' attachments and how CAs affect their lives. Additional possible outcomes included increased awareness and implementation of preventions and

interventions that address the voiced needs of homeless adults with CAs. The following chapter is a discussion of the results from individuals who participated in this study.

Chapter 4: Results

Introduction

The purpose of this hermeneutic phenomenological study was to explore the lived experiences of homeless adults with CAs regarding community service utilization. In this qualitative study, I sought to gain understanding of this unique population's lived experiences through the lens of an attachment theory framework. The perceptions, thoughts, beliefs, and ideas of homeless adults over 25 years of age who had a CA and partook of services at an adult emergency shelter in Oklahoma. The following research question guided this study:

What are the lived experiences and perceptions of homeless adults who own CAs regarding community service utilization?

In this chapter, I discuss the field test interview protocol, setting of the interviews, demographics, and data collection specifics. Next, data analysis components are provided to illuminate the codes, concepts, and themes from the interviews. Issues of trustworthiness as outlined in Chapter 3 are discussed in this chapter, followed by the results of the data analysis and recommendations.

Field Test Interview Protocol

The interview protocol was researcher created because there were no known established interview protocols applicable to my research question. I held a field test of the interview protocol at an emergency shelter in Texas with 1 guest. A shelter employee posted flyers within the shelter prior to the agreed upon date of arrival. An interested guest met me in a private room, reviewed and signed the consent form, and voluntarily

provided thorough responses to each of the interview questions. Her CA remained in the room with us throughout the interview. The field test guest reported no concerns or suggestions regarding the interview protocol.

In the interview, questions flowed in a sequence, building in intensity from the least to the most subjective. The interview protocol targeted my theoretical and conceptual components, which were related to homelessness, CAs, and community services. No changes to the interview protocol were deemed necessary. While the interview protocol field test evoked data related to the research question, I found that interviews with the CA present could be distracting and counterproductive. The field test data was not included in this study.

Setting

I gathered data for this study from homeless adults at least 25 years of age with a CA. The singular field protocol interview was held at an emergency shelter in Texas, which was a separate site from the collected data included in the study. I interviewed guests in Oklahoma where each one had come for at least part of the day. Individual, face to face interviews were completed with a purposeful-criterion sample and conducted in a private, secure and quiet room within the shelter. Eleven individuals volunteered to be interviewed. Requirements for participation included that individuals be at least 25 years old, homeless, not pregnant, English speaking, coherent, and utilizing the shelter/interview site where their CA could stay in the kenneled courtyard.

Over a 2 and a half day period, I met with 11 guests at the shelter. Each interview lasted approximately 45 minutes, and the data were audio recorded for each guest with

the exception of Guest 1. Due to operator error of the audio recorder, Guest 1's data were derived from handwritten notes. Staff at the shelter were very accommodating and supportive. They in no way recruited or participated in data collection for this study.

Demographics

Participants of this research study were guests at a day shelter in Oklahoma who had a CA. Guests' CAs were not allowed inside the shelter buildings, and during my time at the facility, no animals were observed to be indoors (including service animals). Demographic homogeneity was achieved through guests' age, socioeconomic status, and classification of being homeless with a CA. Of the 11 guests, 7 were women (64%), and 4 were men (36%). Each guest wore a required shelter identification badge around their neck and was allowed to stay at the day shelter from 7 a.m. until 4 p.m. each weekday, with the exception of holidays. The average age of the guests was 52 years old. The female guests' average age was 50, and the males' average age was 55. Excluding Guest 1, the average length of homelessness was 2.6 years with the least time of 1 year, and the longest time of 6 years. Guest 1 was not clear on how long she had been homeless due to a varying number of episodes. Seven of the guests identified their race or ethnicity as White/Caucasian (64%), 1 as Black (9%), and 3 as bi-racial (27%). A majority (i.e., 6) of the 11 were raised in Oklahoma (55%), while the others were from Texas, Massachusetts, and California. Eighty two percent of this study guests were not married. Each of the guests had a dog or a cat except for 1 guest who relinquished her dog of 12 years, 6 months ago. Table 1 on page 56 provides the guest demographics for this study.

Table 1

Guest Demographics

Guest #	Gender	Age	Years of homelessness	Race/ ethnicity	Marital state	Type of companion animal
1	F	61	Varied	W/N-A	D	Dog
2	F	45	6	W	D	Dog
3	F	46	2	C	D	Dog
4	F	47	3	W	M	Dog
5	F	43	3	W/H	M	Dog
6	F	55	1	W	S	Dog
7	M	60	4	W	W	Dog
8	M	57	1.5	B	S	Dogs
9	M	44	1	W	S	Dog
10	M	61	3.5	W/N-A	S	Cats
11	F	56	1	W	W	Dogs

Note. Race/ethnicity codes:
W = White H = Hispanic N-A = Native American C = Caucasian
B = Black

Gender Codes:
F = Female M = Male

Marital State Codes:
D = Divorced M = Married W = Widowed S = Single

Individual Guest Summaries

Guest 1

Guest 1 had a medium sized service dog who stayed with her and wore an identifying service dog vest/harness. She stated that in 1992 her exhusband physically assaulted her, causing a severe head injury and a resulting seizure disorder. She said that her dog alerts her of impending petit-mal or grand-mal seizures. Guest 1 reported being homeless on and off since 1992. Although her CA is a service dog, she said that most facilities have not permitted the dog inside. She was tearful when describing how important her dog is to her, stating that the dog, "is my whole life. I can't live without her." Guest 1 reported that she refused to kennel her dog where the other guests' dogs were. She discussed spending much of her disability check on hotel stays where her dog was welcomed.

Guest 2

Guest 2 stated that she has been homeless for about 6 years and has struggled with meth addiction for 25 years. She reported being in drug rehabilitation a number of times, and sober until 2 years ago when her mother passed away. She said that she began using narcotics again because, "When she [her mother] died, I died." Guest 2 stated that she suffered child abuse physically, emotionally, and sexually by her uncle when she was 4 years old. As an adult, she stated that her exhusband physically assaulted her, and she was later admitted to a psychiatric hospital for treatment of depression. She discussed relying on her largebreed dog for emotional support. She said that if a community is not CA-friendly, "I'm not leaving him nowhere. That's all there is to it."

Guest 3

Guest 3 stated that she was raised in Oklahoma, moved to the northeast, and then returned to Oklahoma 2 years ago, and she has been homeless for 2 years. She discussed that originally, she became homeless due to "bad decisions" in relationships. She shared the experience that when she attempted to leave a relationship with her boyfriend about 2 years ago, he cut her throat, broke her jaw, and pushed her down the stairs. She talked lovingly about her medium sized dog that was trained by the American Society for the Prevention of Cruelty to Animals (ASPCA) as a service animal for post-traumatic stress disorder (PTSD) symptom control. At night, Guest 3 reported that sleeps in her car with her dog, and she is on a waiting list for permanent supportive housing (PSH). It was important to her that she be considered "normal," and many of her friends do not know she is homeless. Regarding the homeless community, Guest 3 emphatically stated, "Different does not mean disposable."

Guest 4

Guest 4 stated that she sleeps in a tent at a "campsite" with her husband and their medium sized dog. She discussed that she lived in another state all of her life, until 3 years ago when she and her husband moved to Oklahoma to take over the land bequeathed to her him by family. She said that in Oklahoma, her husband was incarcerated for drinking and fighting, and she had nowhere to go. Guest 4 stated that she and her husband have been homeless since the arrest because his parole requirements do not allow him to leave the county. She stated that she is unable to work due to complications from her back being fractured during a fire in her previous state.

Guest 5

Guest 5 stated that she has been diagnosed with endstage bone marrow cancer. She reported that her husband has had a seizure disorder since he was assaulted with a steel pipe 2 years ago. She said that she and her husband sleep at a local campsite with their 3 dogs. During the interview, she was often tearful and emotional. Through her tears, she discussed being raised in the Dallas/Ft. Worth area and living there until 3 years ago when her husband became addicted to meth. Guest 5 said her 2 dogs are, "service animals for cancer," and her husband's dog is also a service dog. She reported being given 7 months to live by her oncologist.

Guest 6

Guest 6 stated that she was homeless for a year before obtaining her PSH apartment 6 months ago. She said that she receives disability benefits as a result of scoliosis. Tearful and pacing when she talked about her dog, she discussed having to relinquish the dog because she felt it was not fair to her dog of 12 years to live outside. She referred to herself as previously "couch homeless," and all of her friends had refused to let her dog stay at their home.

Guest 7

Guest 7's stated that his wife died in 2011 from a brain aneurysm. He said that a month after his wife died, he "caught a case" and served 3 years in prison. During his time in prison, Guest 7 reported that the bank repossessed his home and property. He discussed sleeping at a campsite with his medium sized service dog that he cherishes.

Due to a head injury, Guest 7 said that he has a seizure disorder of which his dog is trained to assist him with.

Guest 8

Guest 8 stated that he was raised in another state and moved to Oklahoma to live with a friend a year and a half years ago. He stated that he rented a house from a "slumlord" in Oklahoma who cut off the water and utilities, which caused him to lose his job because he could not shower or clean his clothes. He discussed that he and his girlfriend "sleep rough" in a tent near the shelter with their 3 medium sized dogs.

Guest 9

Guest 9 stated that he has been homeless since being released from prison a year ago. He said that he has received supplemental security income all of his life because of cerebral palsy, missing half of his right arm, and a seizure disorder. His dog is a puppy, and not a service dog. Guest 9 talked about how he and his puppy sleep in a tent.

Guest 10

Guest 10 was the only guest whose CAs were cats. He said that his 2 cats live outside, not far from the day shelter, and he takes care of them by feeding them daily and getting them veterinary care. He stated that he has a bachelor's degree in electrical engineering, but has been unable to work since 2008 when he had brachial bypass surgery and nerve damage.

Guest 11

Guest 11 stated that her husband died a year ago from complications with diabetes. She talked about how he was not working, and they could not afford the

apartment they were living in when he passed away. She said that she and her 3 small dogs live at a tent campsite. She denied ever being diagnosed with a physical illness or mental illness, or struggling with addiction, or been arrested.

Data Collection

A total of 11 guests were interviewed individually, face-to-face, using a researcher created, semistructured interview protocol directly related to the research question. All interviews took place at the emergency day shelter in Oklahoma where guests were permitted to bring their CAs. The shelter provided an outdoor kennel located within a courtyard of the facility for guests' CAs, and guests were not allowed to leave while their dog was on the property. Companion animals were not permitted inside the shelter although a majority of the guests stated that their dogs were service dogs. The shelter is a multidimensional, low-barrier service center, which is a growing U.S. trend organized by the HUD continuum of care program (Mosley, 2014). Similar to the HUD Housing First PSH program, in order to best serve homeless individuals, the shelter did not require guests to be sober, have a clean arrest record, or compliant with psychotropic medications (HUD Exchange, n.d.). Low barrier shelters and housing "screens in" clients rather than excluding them from services due to previous challenges such as having a poor rental history and evictions.

All interviews were completed at the shelter within a two and a half day range. Interviews lasted approximately 45 minutes each. On the first day, guests signed up for their preferred interview time slots, and as a result of snowball sampling from day 1 guests, the majority of the second day guests asked to be a guest. With the exception of

Guest 1, each interview was audio recorded, and eight of the recordings were submitted to the internet site REV.Com for a 12 hour or less transcription turnaround. REV uses TLS 1.2 encryption, which offers the highest possible security level. In addition, each REV transcriptionist is required to sign a confidentiality agreement prior to accepting an assignment. I transcribed 3 of the audio recordings. Each transcript was carefully reviewed by listening to the recordings and comparing the data word-for-word to the transcript. Guests were invited to review their transcripts the day after their interview, but none returned to do so. As such, member checks from guests did not occur.

As a lifelong animal enthusiast as well as a social worker invested in the dignity and worth of oppressed populations, it was important to bracket my experiences and emotions throughout the data collection process. Additionally, 90% of guests with dogs had a pit bull or pit bull-mix dog. I bracketed my feelings about pit bulls, which is the breed of my own dog. While the breed of dog had the potential for bias, having this in common with guests provided an avenue for building trust and rapport.

The meeting with the first guest was not audio recorded. However, I had taken handwritten notes from the guest's responses. Another variation from my stated methodology in Chapter 3 was that a guest was included even though she had relinquished her dog, and recently moved into her PSH apartment. Her experiences and insights were deemed valuable to the overall value of the lived experiences that this study sought to explore. One of the guests was the only cat owner of the 11 guests. Maintaining his 2 cats within an outdoor dog kennel was not feasible, and his interview was included in the study even though I did not observe his cats. The guest fed, named, claimed, and

provided veterinary care for his cats, and planned to take the cats with him when his permanent housing came through.

All collected data (transcripts) were stored on my laptop computer, which is password protected, and kept in my personal office. The data was stored in multiple file documents within my computer. Hard copies of informed consents, code manuals, memos, and handwritten notes were placed in file folders that were locked by a key in a cabinet within my personal office. No one has access to these files. They will be kept for 5 years and then shredded.

Data Analysis

After each interview was transcribed and reviewed for accuracy, I read each one, line-by-line to identify and freecode the data. I reviewed each response from all 11guests while searching for similarities and differences, then created a list of trends. Guests' responses to each of the 9 openended questions were reviewed and recapped. After compiling responses to the separate questions, I reviewed each of the 9 for similarities and unique contributions. I wrote codes next to applicable data within the 9 questions, then compiled common codes into categories followed by 3 main themes. See Table 2 on page 65.

Codes, Categories, and Themes

Data coding resulted from first cycle free coding of the individual interviews. From the first cycle data codes, the second cycle method was that of "pattern coding" (Saldana, 2016, p. 236). First cycle data were grouped into smaller sets of themes and patterns (Saldana, 2016). The resulting patterns were examined and then interpreted.

Emergent themes and patterns were rooted in the research question. The specific questions from the interview protocol garnered categorical responses from guests as indicated in Table 2, which provides the themes, subthemes, and coding indicators extracted from the interview data.

Table 2

Homeless Adults with CAs Regarding Community Service Utilization Emergent Themes

Themes	Subthemes	Coding Indicators
Theme 1: Familial attachment to companion animal	Beyond companions	CA as family or family substitute
	Lifespan trauma	CA as therapeutic support
	Companion animal accommodations	Choose to sleep unsheltered with a CA over accommodations without their CA
Theme 2: A willingness to forego services that do not accommodate their companion animal	Companion animals	Perception that most service providers do not understand dependence on CAs
	Overnight shelters without accommodations	Perception of unreasonable rules at overnight shelters
	Physical needs	Difficulty obtaining medical care without CA accommodations
Theme 3: False belief in their companion animal as a necessary service provider	Living unsheltered	Risk spending disability income on hotel rooms with their CA
	Disallowance of Verified Service Dogs by Service Providers	Refusal of service despite having a service dog and recitation of the disabilities act

Evidence of Trustworthiness

Measures were implemented to maintain credibility, dependability, and confirmability. Credibility included confirmability and reflexivity. Confirmability was achieved through the rigorous committee review process, and a paper audit trail comprised of hard copies of the transcripts, journal, and handwritten notes. In addition, Chapters 4 and 5 were peer reviewed by a social work doctorate professor and approved for bias control. My reflexive journal included personal reflections. Member checks did not occur due to guests not returning to the shelter the day after their interview to review their transcript. The audio sound was of high quality, and each guests' transcript was carefully compared to the audio recording for accuracy of documentation. Dependability was addressed by using the same protocol with each guest, the same questionnaire, and explanation of any questions that guests may have had regarding the questions or processes. Transferability of the findings may be limited contextually to homeless adults with a CA at a pet-friendly emergency shelter in Oklahoma.

Results

Theme 1: Familial Attachment to a Companion Animal

For this section, I classified the theme as Familial attachment to a CA. The subthemes are: Beyond a companion, Lifespan trauma and CA accommodations, which includes corresponding coding indicators. All 11guests have at least 1 experience and/or perception regarding these subthemes.

Beyond companions. CA owners reported a stronger attachment with their CA over many other human relationships as posited by Meehan et al. (2017). Each of the

respondents viewed their CA as a family member or closer. Guest 4 is married and on the streets with her husband. Regarding her CA, she stated, "I'd give up my husband before I give her (dog) up." She reported staying with her husband only because their dog needs the stability. Other descriptors of CAs were: best friend, watch dog, my life, all I've got left, my sanity, trustworthy, my world, my child, my support system, and my everything. Guest 7 is a widower who said of his dog, "She means the world to me. My wife was unable to have kids, but she's (dog) family." Guest 6 reluctantly relinquished her dog of 12 years less than a year ago. She remarked, "She went through my mother's death with me," and "I miss her more than I do my brother (who recently passed away)." Guest 11 said that she is widowed and was never alone or homeless until her husband died of diabetes complications less than a year ago. She sleeps in a tent at a "campsite" with her 3 small dogs whom she reported help her feel safe at night. Guest 11 referred to herself as her dogs' "momma." Guest 5 reported having bone marrow cancer with less than 7 months left to live. Tearfully, she said, "So I live life to the fullest. I enjoy my life and my 3 babies (i.e., dogs), and my wonderful husband."

Lifespan trauma. Approximately 90% of homeless adults have experienced a traumatic event in their lifetime, and if left unresolved, a pathway to homelessness is often created (Dinnen et al., 2014). One hundred percent of the participants in my study reported to have encountered childhood and/or adult trauma experiences and found comfort and safety in their CA. Guest 2 stated that she had very few friends or other support persons in her life, and to help her with fearful thoughts and high stress, she relies on her dog emotionally. She said that she had been abused physically and mentally as a

child and as an adult. She described her dog as "It's all I got left…my happiness." Guest 3 also reported experiencing trauma/abuse as a child and as an adult. She said that her dog is a service dog trained to help her with PTSD and anxiety. Guest 3 described her dog as "my daughter," "my family," and "my everything." Guest 5 reported trauma experiences as a child and as an adult on the streets. To cope with end-stage bone cancer and her husband's brain injury/seizure disorder, she said that her dogs help to keep her anxiety and anger manageable. She stated that her dogs are her life, and if she lost 1 of them, "it would send me in a rage." Guest 1 discussed traumatic experiences in her life. Most recently she was physically abused by a boyfriend. As a result of the injury, she has a seizure disorder, and her service dog warns her if she is about to have a seizure. Guest 6 said that she relinquished her dog earlier in the year, when she was told that she could not bring her dog into friends' homes while being "couch homeless." She discussed how parting with her dog was more difficult than the death of her siblings and mother. Guest 5 stated, "Some of these people, they ain't got a pet. I think they go crazy with their illness, I really do."

CA accommodations. There were no guests who experienced any community services that permitted their CAs inside, except for Guest 7, whose service dog was often allowed. The day shelter (interview site) accommodated CAs within the outdoor courtyard kennel area. Each of the 11guests voiced the need for their CAs to be permitted within community service organizations. The majority of guests have applied for no barrier PSH where their CAs are allowed. The program is nationally funded through HUD. Those who receive PSH are not required to be sober, criminal record-free or

compliant with psychotropic medications. Tenants of PSH units are charged rent based upon their income. While waiting for PSH housing, guests of this study typically sleep unsheltered.

Several guests voiced concerns about local campsites being destroyed by city officials, which left them and their CA with no place to sleep. Guest 2 suggested that policies be implemented that prevent campsites from being destroyed or closed, so that homeless individuals and their CAs have a place to stay. Guest 3's service dog is a pit bull, and she said the breed has "a bad rep." Her stated desire was for more pit bulls to be certified service animals and police animals so they can work and be allowed inside the facilities. She said pit bulls and homeless people are both misunderstood, and "different is not disposable." Guest 11 discussed public officials coming to the campsite where she stays with her 3 dogs and attempting to move her and other campers to shelters. She shared the frustration of police officers and shelter staff who do not understand the value of homeless individual's CAs. She stated, "They need to stop trying to get people to give up their dog." Guest 10 was concerned about a more inclusive bus system for CAs. He said that he was not able to take his cats to be spayed because they were not allowed on buses. Guest 3 reported using a "doggy daycare" service occasionally that cost $26 a day so that she could go to appointments or school. Guest 5 said, "Some of these places (housing and shelters) don't want to accept animals and that's bullshit. Animals has got to have homes too." According to guest 1, her service dog is not permitted in most service organizations, including the emergency room where she recently visited.

Although she reportedly recited portions of the Americans with Disabilities Act (ADA), guest 1 was not provided medical services if her service dog was with her.

Theme 2: A Willingness to Forego Services That do not Accommodate Their CA

Companion animals. Studies have shown that homeless adults refuse services if there are no accommodations for their CA (Irvine, 2013; Lem et al., 2016; Rhoades et al., 2015). Each of the guests of this study have engaged community services on some level as long as there were safe options for their CA. The common theme was that their CA was a priority over community services and basic needs.

Overnight shelters without accommodations. There were no known overnight shelters that permitted guest's pets within the city where the emergency shelter was located. Guest 4 noted that besides not accepting CAs, shelters "…want you to be in a program. I don't drink and I don't use drugs." Guest 5 said policy makers need to have less restrictions on CAs in public facilities. She believed that her dogs, not treatment programs, keep her sane. Guest 1stated that even though her dog was an official service dog, she was not permitted to bring the dog inside any overnight shelters.

Physical needs. Homeless individuals have greater physical needs than the housed population (Zur & Jones, 2014). Nine of the 11 guests (or their spouse) have a medical diagnosis that qualified them for disability benefits. Some discussed difficulties in obtaining medical services because there was no safe place to take their CA. Guest 1 said that she attempted to be seen in an emergency room, but her verified service dog was not permitted, which caused her to forfeit medical care. She reported citing the Americans with Disabilities Act (ADA) to the medical staff, but her service dog with a

vest was not permitted. The day shelter provides outdoor kennels, but guests are not encouraged to leave their CA while they leave the premises for other services such as medical appointments.

Theme 3: False Belief in Their CA as a Necessary Service Provider

Living unsheltered. Despite the challenges of sleeping unsheltered, all guests preferred this option over risking separation from their CA. Each one denied housing and shelter that were not CA friendly. Guest 2 said, "If I can't take my baby (i.e., dog) with me then I'm not going. I'm not leaving him nowhere." Guest 1 remarked that she stays at hotels as long as she can so that she does not become separated from her service dog, and when her money is gone, she "sleeps rough" (unsheltered). Guest 3 stated that she spends some of her disability check on hotel stays. Guest 6 who had received possession of her PSH apartment reported that there are others who are homeless and spend their disability check irresponsibly. She said other's rationale was, "Well, I'm getting my check. I'm gonna get me a room for a few days; then they go spend all their money, and they're right back down here (i.e., day shelter). There's a lot of them like that."

Disallowance of verified service dogs by service providers. Both guest 1 and 7 had service dogs that were trained to alert them regarding an impending seizure. Guest 7 discussed being in the area for many years, and making connections with persons in the community who provided various services. He was allowed to bring his service dog in McDonalds and the laundromat among other organizations. Conversely, guest 1 had recently lived in various cities, and she reported experiencing community services refusing to provide services because animals were not allowed in the facilities. She stated

that she was barred from a recent emergency room visit because of her service dog. She reportedly had memorized the appropriate sections of ADA standards, and cited them regularly to service providers including the medical staff at the emergency room, which did not result in accommodations. Guest 1 tearfully exclaimed that community service providers need to "wake up real quick" because service dogs are not pets, but critical aids. It was a voiced concern to her that some homeless individuals lie about their CA being a service dog, and it made it harder for her to obtain needed services even with a bonified service dog. Both Guest 1 and 7 sleep unsheltered with their service dogs. Guest 1 said that she spends some of her monthly disability check on a hotel room each month due to a lack of community service provision that will accommodate her service dog.

Discrepant Cases

The overwhelming majority (82%) of this study's guests reported having a physical disability, which is a diversion from the 18% in Donley and Wright's (2012) study of 39 unsheltered homeless individuals. Additionally, the majority of those in Donley and Wright's study reported being homeless due to unemployment and having no money. The majority of guests in my study reported receiving disability income each month.

Summary

Guests of this study provided thick/rich individualized lived experiences to the research question: What are the lived experiences and perceptions of homeless adults who own CAs regarding community service utilization? The exploratory format

for eliciting lived experiences of homeless adults with CAs evoked many similarities in responses, which resulted in themes and subthemes emanating from free-coding.

Chapter 4 opened with a discussion of the field test interview protocol, a section regarding the setting, and guest demographics with a corresponding chart. Next, a brief narrative describing each guest was provided. A section regarding data collection details and data analysis were then discussed. Additionally, issues of trustworthiness were discussed. Data analysis included a chart of the themes, subthemes, and indicators followed by narrative that specifically addressed each one. I derived the themes from numerous focused reviews of the data followed by precoding and data coding. The lived experiences provided by the guests of this study added to the base of knowledge surrounding the research question. The following chapter will provide the research findings analysis and themes.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

The purpose of this study was to explore the lived experiences of homeless adults with CAs specifically focusing on their utilization of community services. After a thorough review of the existing literature, I was unable to find research that addressed these concepts through the lens of attachment theory. Following the methodology set forth in Chapter 3, I collected data from individual interviews that were precoded, then coded, which produced themes of: familial attachment to CA, a willingness to forego services that do not accommodate their CA, and false beliefs in their CA as a necessary service provider.

In this chapter, I will discuss my interpretation of the findings, which are directly linked to my research question. This qualitative, hermeneutic phenomenological study stemmed from the research question. I also present the limitations of this study followed by the potential positive social change implications. Chapter 5 concludes with the dissemination of the results, and recommendations for further study and practice.

Eleven participants, who were homeless adults with a CA at an emergency shelter in Oklahoma, shared their individual experiences regarding their beliefs, and perceptions, of community service utilization. The purpose of this study was to explore the lived experiences of homeless adults at least 25 years of age with a CA to understand their firsthand experiences related to community service engagement from the attachment theory lens.

I explored participants' lived experiences through individual interviews with each of the 11 guests. From an attachment theory framework, concepts of the study were embedded in the following research question: What are the lived experiences and perceptions of homeless adults who own CAs regarding community service utilization? The results of this study can be used to augment the existing body of knowledge; and contribute individual lived experiences/insights from homeless adults with CAs regarding utilizing community services.

Interpretation of the Findings

The participants in this study provided their insights and experiences with community service utilization. One common theme was the prioritization of CAs at the expense of forfeiting basic needs. The majority of guests had attempted to or received various community service provisions.

Many of the guests had an assigned case manager who helped them connect with community services. Most guests received supplemental security income or social security disability income, received prepared meals or food stamps, and were on a waiting list for PSH accommodations with their CA. It was winter time when the interviews took place, and the majority of the guests slept outdoors in a tent, in their car, or at a hotel for as long as their disability income would last. The results of this study suggest that homeless adults with CAs choose their dog or cat over shelter that is not CA-friendly, at the risk of personal safety and possibly exacerbating a physical illness.

CAs for life. Each of the guests believed their CA was as close as a bonded family member. Companion animal owners report a stronger attachment with their CA

over many other close relationships (Meehan et al., 2017). Several guests discussed spending their disability income on hotel rooms, dog food/expenses, or dog daycare similarly to caring for their child's needs. Keeping their CA close by, like a beloved family member, has the propensity for offsetting mental health symptoms of their homeless owners (Szyper, 2016). Most participants in this study relied on their CA to feel safe and calm, which may be a replacement for professional therapy services. Their CA has provided safety and intervention for illnesses including alerting their owner of an impending seizure. Additionally, the CA offers their homeless adult owner, friendship, security, and a source of comfort over a lifespan.

Nine (82%) of the guests reported having been affected by physical disability, and voiced a need for safe housing that was inclusive of their CA. Some of the diagnoses were congenital, others; were the result of a physical trauma, and the remainder were diagnoses such as end stage bone marrow cancer and brachial nerve damage. The majority of the 9 guests received or had applied for disability benefits.

Almost all of the participants of this study had experienced a significant traumatic event in their lifetime. Their CAs were considered close family members that gave them a protective padding that eased the effects of trauma. Separation from their CA was unthinkable.

Each of the participants in this study have engaged community services on some level as long as there were safe options for their CA. Many guests had a history of not visiting outpatient clinics regularly because there was no place for their CA. Studies have shown that many homeless adults refuse services if there are no accommodations for their

CA (Irvine, 2013; Lem et al., 2016; Rhoades et al., 2015), which was also a finding in this study. Many guests had a history of not visiting outpatient clinics regularly because there was no place for their CA.

Service animals. Formal services for CAs included those provided by organizations that train service animals for medical and psychological interventions whose owners are blind, deaf, wheelchair bound, have seizures, and PTSD (ADA, 2011). The participants with reported certified service dogs voiced their frustration with other homeless individuals who falsely claimed their dogs were service dogs. Service animals are not to be confused with therapy animals or assistance animals (Huss, 2017). Assistance animals are classified as such for individuals with disabilities with regard to fair housing accommodations (Huss, 2017). Conversely, therapy dogs are not service or assistance animals, but emotional support animals of various types. The other concern discussed by guests were organizations who refused to allow the service dog into the facility.

Limitations of the Study

Chapters 1 and 4 included discussion of the limitations of this study such as the relatively small and contextual sample size of this qualitative study. Transferability is possible with the findings of this study, but is dependent upon specific contexts and settings. Homeless service providers connected to the emergency shelter where I recruited participants from, appeared to be proactive in securing various services for their clients. This may or may not be the case in other communities. A different sampling strategy and location may produce varying outcomes. It is recommended that research

with a broader sample of homeless guests include those from various geographic areas, ethnicities, and experiences (see Torino & Sisselman-Borgia, 2016). The CA-friendly emergency shelter in Oklahoma where participants were interviewed, may be an anomaly. Additionally, member checks were not possible when guests did not return the day after their interview to review their transcript. There was no way to factcheck the participants' responses; therefore each statement was taken at face-value.

Recommendations

After exploring the lived experiences and perceptions of homeless adults with CAs regarding community service utilization, I recommend expansion of this study to other geographical areas and in different contexts. To further build upon this research of guests at an emergency shelter, research in other settings would be beneficial. Potential samples could include homeless adults who have CAs in settings such as: pet-friendly temporary shelters, PSH units, and tiny home villages. Furthermore, expanded research should extend to rural areas and regions with differing climates such as southern beach areas or northern communities. Research that focuses on homeless persons with a CA regarding addiction and the utilization of addiction treatment services is recommended.

As a means of greater expansion of this research, I also recommend a quantitative study in which a broad sample of homeless individuals with CAs are studied. This includes homeless adults with CAs who do not utilize emergency shelter services. Irvine et al. (2012) discussed the inclusion of homeless individuals with CAs who are not connected to community services as a means of meeting their needs. With the alarming rate of untreated trauma among the homeless (Deck & Platt, 2015; Mackelprang et al.,

2014; Sundin & Baguley, 2015; Whitbeck et al., 2015) having an understanding of the physiological effects of CAs on stress and calming levels would be important to further the focus on the benefits of CA ownership among homeless adults. Research that compares the effects of receiving trauma informed care intervention by homeless individuals with homeless persons who had not, would be valuable in exploring and advocating for evidence based practices. An examination of the various lifespan indicators could prove meaningful in further understanding some of the causes and effects of trauma within the homeless community.

Implications

This study aligned directly with my goals and objectives of exploring the research question: What are the lived experiences and perceptions of homeless adults with CAs in utilizing community services? In this study, I specifically focused on the lived experiences, perceptions and beliefs of the participants who had engaged or attempted to acquire community services while having a CA in a predominantly "no pets allowed" world. I explored the participants' lived experiences, perceptions, and beliefs through following the interview protocol and the resulting data from the participants' responses.

The positive social change implications of this study could affect a microsystem as well as the broad macrosystem level. On a microsystem level, homeless individuals with CAs may receive needed medical services when their service dogs are accepted into facilities. As PSH units are made available for homeless adults with a CA, the exacerbation of physical and mental illness is

likely to decrease with the decrease in stress and exposure to extreme weather conditions. Further, their CA has a place to stay while their owner secures community services including medical intervention. From a macrosystem perspective, permanent housing and community service utilization by homeless individuals with CAs could decrease community and national healthcare costs through less emergency treatment and hospitalizations. The costs regarding community policing of the unsheltered homeless adults and tent communities may also decrease if the individual is permanently sheltered with their CA.

Potential Impact of Positive Social Change

Homeless adults with CAs have unique experiences and individualized needs. Consideration of the CAs as a family member is a means of positively addressing the needs of feeling safe within the homeless adults with CA population. An understanding of the high value that homeless adults place on their CA could mean increased inclusion of their CAs in needed service provisions.

Inclusion of community services to homeless adults along with their CAs may translate into a more diverse list of service provisions to assist clients who are homeless with a CA. As projected in Chapter 1, positive social change is possible when the needs of homeless adults are considered individualized and holistic. Participants expressed a desire to pursue community services if their CA was included. They felt strongly about making PSH a priority for persons with physical disabilities. These expressed services could potentially impact positive social change not only for homeless adults, but also for the numbers of cats and dogs who would otherwise be stray or euthanized.

Practice Recommendations

The decision that many homeless adults with CAs make; to forfeit programs and services that are not considered CA friendly, is one that is often made without reservation for this unique subgroup. For many, the attachment and bond with their CA is a greater means of survival than the basic needs of shelter and food. In this section, I provide a number of recommendations for practices with homeless adults who have CAs.

The Homeless Management Information System is the source of collected data from homeless service providers across the nation (HUD Exchange, n.d.). Datum collected by COC providers are indicators of future budgeting allocations for homeless services (HUD Exchange, n.d.). Shelters and PSH providers are not currently required to gather data on accommodations for homeless guests/clients' CAs (HUD Exchange, n.d.). However, doing so could be a first-step in assessing the needs and available service provisions for this population. I recommend adding CA services and accommodations to the required Homeless Management Information Systems data collection in determining trends.

In addition to prioritizing the attachment to their CA and addressing the physical health needs of homeless adults with CAs, a community education component is recommended. For those with verified service dogs, some community service providers refused to permit the service dog in the facility. Education or reeducation of ADA standards for service providers would be in the best interest of homeless individuals with a service dog. It is incumbent upon service providers (including frontline case managers) and communities at large to provide solutions that benefit not only the individual with a

service dog, but others who may have adverse reactions to animals. Based upon the Americans with Disabilities Act (ADA), of the state of Oklahoma cites that, "Fear and allergies are not valid reasons for denying access to a service animal or refusing service to people using service animals" (ADA, 2014, p. 9). Additionally,

> "If a person is at risk of a significant allergic reaction to an animal, it is the responsibility of the business or government entity to find a way to accommodate both the individual using the service animal and the individual with the allergy" (Oklahoma ADA, 2014, p. 9-10).

This includes all medical facilities except for hospital operating rooms and other hospital areas secluded for specific infection-control measures.

Another practice recommendation is the education of homeless adults regarding the definition of a "therapy" CA vs. service dog is recommended. As stated by guest 1, many homeless adults with CAs attempt to bring their CA inside public facilities by stating they are service dogs. It is possible that those with a nonservice CA do not understand that while their CA may benefit their well-being, the CA must have been trained for a specific mental or physical disorder to be considered a service dog. Guest 1 believed that others reporting that their CA is a service dog to service providers has hindered her ability to receive the community services she needs even though she has a verified service dog.

Conclusion

The findings of this qualitative, hermeneutic, phenomenological study add to the existing body of literature regarding homeless adults with CAs and community service utilization. The results of this study provide positive social change implications within

the homeless community, their CAs, community service providers, and social welfare policies. The lived experiences and perceptions of homeless adults with CAs may add to the expansion of community service prioritization assessments and provisions. Further, this study's findings provides further contribution in advancing knowledge of the topic as well as policy refinement or change. The results increase education opportunities for both the community service providers and community service consumers. Application of Bowlby's (1969, 1973) attachment theory provided a foundational understanding and framework regarding the familial attachment that the participants of this study expressed toward their CA. Lastly, with the rise in numbers of homeless adults in America within the last year, 71% at least 25 years of age, 25% of the homeless population underutilizing or forfeiting programs altogether, and 25% of homeless individuals owning a CA, the lived experiences of this research sample shines a light on an understanding of the everyday lives and needs of homeless adults with a CA in utilizing community services (see HUD, 2017; Rhoades et al., 2015).

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Appendix A: Interview Guide

Interview Questionnaire

Introduction

Hi _____, Thank you for coming in today. What is your friend's name? What is his/her breed? He/she is adorable. How long have you had him/her? Was he/she a puppy/kitten when you adopted him/her? I can tell you two are very close and you share a great love for each other.

You are being asked to participate in a research study investigating the personal experiences of homeless adults with pets, regarding the use of community services. For this study I expect to interview about 10 people including yourself. A potential benefit of participating is consideration from community service leaders and policy makers of your needs, hopes, and challenges. I am only going to take up to about 40 minutes of your time, and you can stop the interview at any time. I also want you to feel free to talk as long as you need to and ask me any questions that come to mind along the way. Do you have any questions before we talk about privacy and confidentiality?

- Do you have any questions concerning the Informed Consent Form?
- This interview is being audiotaped and a copy of the transcript will be provided to you to help make sure I have heard you correctly. Do I have your permission to audiotape this interview? (If a candidate says no, I will thank them for their time, but let them know that all of the data for this research study is derived from interview transcripts, and they are free to decline the interview.)
- Precautions will be taken during all phases of this study to protect the privacy of participants and to maintain the confidentiality of the data. Do you have any concerns about protecting your privacy?
- Participants will be assigned as guest-numbers (Guest 1, guest 2, etc.) and your interview responses will be coded for protection of your privacy. Do you have any concerns about the confidentiality of the data?

Any questions before we proceed?

Demographic Information

1. What is your gender?

2. How old are you?

3. How long have you been homeless? (HUD definition of homeless)

4. What is your race/ethnicity?

5. Marital status?

6. Where were you raised?

Interview Questions

- To begin, tell me about your experience of being currently homeless.
- What are your feelings about options for shelter or housing you have other than where you are staying now?
- How did you feel if you were not able to bring your pet with you into a shelter or any other places that offer services?
- Tell me about your overall experiences regarding community services.
- Share your experiences in seeking community services before you had a dog/cat.
- I am also really interested in your experiences with community services that have allowed you to bring your cat/dog. Please tell me about them.
- Tell me about any experiences of needing a service/s but not applying for it/them.
- Share with me what _____ (dog/cat) means to you.
- Based on your experiences and beliefs, what do policy makers and those who work with homeless adults need to know?

Close:

These are all the questions I have for you today. Do you have any additional comments? Thank you for taking time to talk with me today.

Please meet with me again _____ (date/time) at _____ to review your interview information to make sure it is correct.

Appendix B: Probes and Prompt Questions

What do you mean by [term or phrase]?

Can you give me an example?

Tell me more about that.

Why was that important to you?

How did you feel about that?

How do you feel about a policy like that?