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Addiction Therapists' Working Alliances With Battered Women With Substance Use Disorders

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This is to certify that the doctoral dissertation by

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Walden University
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Abstract

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by

Lee O'Hara

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

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Abstract

In the United States, 1 in 3 people with a substance use disorder is a woman who experienced domestic violence in her lifespan; yet only 1 of 5 people in treatment are women, which implies gender-specific difficulties to therapeutic engagement. There are documented inequalities and unmet needs among battered women with substance use disorders when therapists vary in their ability to form a working alliance with patients. The purpose of this study was to explore the lived experiences of addiction therapists' working alliances with battered women with substance use disorders. The theoretical framework was based in transcendental phenomenology theory and working alliance theory. The research was conducted to answer the following research question: What are the lived experiences of addiction therapists in forming working alliances with patients? A transcendental phenomenology approach was used in this qualitative study. Data was collected through interviews with six addiction therapists located in the Eastern coastal region of the United States. Data was analyzed using a modified version of van Kaam's data analysis method and themes identified were (a) assessments, (b) collaborative rapport, (c) active listening, and (d) trust. The findings of this study have potential implications for positive social by providing information that may be useful for human service administrators, social workers, and staff to adapt policies and influence decision makers to improve programming and underwrite social policy programs to help vulnerable populations in society, including women who have experienced domestic violence and a substance use disorder.

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Dedication

Thank God for the strength to overcome life's challenges and the opportunities and grace to grow on my journey. I pay homage to my ancestral lineage and for all the generational prayers on my behalf. I am because we are and because we are, therefore, I am ~ Mbiti.

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Thank you to my family and friends for their support. A special thank you and profound gratitude to Dr. Randy Heinrich, my dissertation committee chair, for his expertise, steadfast guidance, and for being a strong advocate for quality work. I am blessed to know you. Thank you to Dr. Nathan Moran and Dr. Tina Jaeckle for your readiness to be part of my dissertation committee.

God loves imperfect people.

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Chapter 1: Introduction to the Study

Introduction

The topic of this dissertation is the lived experiences of addiction therapists' working alliances with battered women with substance use disorders. Addiction therapists are often aware of the importance of creating a positive working alliance from the first moments of engaging with patients (Heynen et al., 2017; Kay-Lambkin et al., 2017). In the substance use profession, patients who establish working alliances with therapists often build a collaborative relationship and report reduced distress and illicit drug use outcomes posttreatment (Kay-Lambkin et al., 2017; Watson et al., 2017). A *working alliance* is the cornerstone of psychotherapy; nonetheless, some addiction therapists vary in their ability to form these alliances with patients (Morales et al., 2018; Nienhuis et al., 2018).

The results of this dissertation include the lived experiences of addiction therapists' who use working alliances to improve services to patients. The findings might assist addiction therapists in improving patient outcomes, which may in turn help patients, families, and communities where domestic violence and illicit drug use have been self-reported. Additionally, the findings could influence social implications to help reduce poverty, increase employment, and boost the economy. The remainder of Chapter 1 consists of (a) background, (b) problem statement, (c) purpose of the study, (d) research question, (e) theory framework, (f) nature of the study, (g) definitions, (h) assumptions, (i) scope and delimitations, (j) limitations, (k) significance, and (l) summary. Despite

previous evidence in the literature, I have found no studies in which researchers explored the experiences of addiction therapists in forming working alliances with patients.

Background

Working alliance is a key contributor of psychotherapy and therapeutic outcomes (Kay-Lambkin et al., 2017; Lange et al., 2017). Mutual trust and emotional bonds between therapists and patients play an essential role in establishing a working alliance associated with outcome expectations (Reyre et al., 2017; Zilcha-Mano et al., 2018). If left untreated or unidentified, women who self-report domestic violence experiences and substance use disorders often have difficulties developing a working alliance and adhering to treatment regiments (Mays et al., 2017; Vîslă, 2018). A gap in the literature indicates further research is warranted into the lived experiences of addiction therapists' working alliances with battered women with substance use disorders (Nienhuis et al., 2018; Vîslă, 2018).

Problem Statement

In the United States, 1 in 3 women experience domestic violence in their lifespan with economic, social, and health consequences (Sullivan, 2018; Triantafyllou, et al., 2019). Women account for 45% of people ages 12 or older who use illicit drugs and are more often convicted of drug-related offenses than men in the justice system (Barringer et al., 2017; Meyer et al., 2019). Although 1 in 3 people with substance use disorders is a woman, only 1 of 5 people in treatment are women, which implies gender-specific difficulties to therapeutic engagement (Meyer et al., 2019; Sherman et al., 2017). Inequalities can occur in the response women exposed to domestic violence and illicit

drug use receive from assigned therapists when patients meet a health care team (Goicolea et al., 2019; Robbins & Cook, 2018). There has been a documented problem of unmet needs among patients when addiction therapists vary in their ability to form working alliances with patients (Nienhuis et al., 2018; Robbins, & Cook, 2018). I have been unable to locate research on lived experiences of addiction therapists establishing working alliances with battered women with substance use disorders.

Purpose of the Study

The research paradigm for this dissertation was a transcendental phenomenology worldview. The intent was to explore the lived experiences of addiction therapists' working alliances with battered women with substance use disorders. For this dissertation, the concept of interest was working alliance and the phenomenon was the lived experiences of addiction therapists used to form working alliances with patients. A working alliance is commonly described as a collaborative relationship between therapists and patients based on mutual respect and trust and plays a vital role in treatment outcomes and stimulating change in psychotherapy (Altena et al., 2017; Lange et al., 2017; Reyre et al., 2017; Vîslă et al., 2018). Working alliances support addiction therapists who engage in empowering practices and help survivors of domestic violence and illicit drug use reach therapeutic goals through knowledge, skills, and self-confidence (Fuertes et al., 2017; Sullivan & Virden, 2017).

Research Question

The following research question guided this dissertation:

RQ: What are the lived experiences of addiction therapists used to form working alliances with patients?

Theoretical Framework

For this qualitative study, the theoretical frameworks were the transcendental phenomenology theory and working alliance theory (Bordin, 1979; Moustakas, 1994). Transcendental phenomenology theory is bound up in the phenomenon for generating new knowledge and a suitable starting point for a qualitative investigation (Moustakas, 1994; Neubauer et al., 2019; Sadala & Adorno, 2002). Working alliance theory has origins in psychoanalytic theory and psychotherapies (Bordin, 1979; Lange et al., 2017). The working alliance theory is universally applicable in many therapeutic situations and can be valuable for generating knowledge pointing to new research directions (Bordin, 1979; Neubauer et al., 2019; Sadala & Adorno, 2002).

Nature of the Study

This qualitative design is a systematic way of accomplishing research and presents an orderly, disciplined, and accounted method for establishing connections between human consciousness and objects in the material world (Moustakas, 1994; van Manen, 2020). The transcendental phenomenological approach was appropriate for this study because the method includes questions that drive answers and allows for in-depth information of addiction therapists' lived experiences of working alliances with battered women with substance use disorders (Moustakas, 1994; Neubauer et al., 2019; Nienhuis et al., 2018). Transcendental phenomenology was a suitable choice for this study because theorists often focus on participants' reflections rather than on personal considerations

(Moustakas, 1994; Thompson, 2018). The key concept for this dissertation was working alliance and the phenomenon was the lived experiences of addiction therapists who form working alliances with patients. Data collection consisted of six interviews that reached saturation. I employed a purposive sampling strategy and conducted data analysis consistent with a modified version of the van Kaam method (Etikan & Bala, 2017; Farrugia, 2019; Moustakas, 1994).

Definitions

The following operational terms are relevant for this dissertation:

Domestic violence: An ongoing pattern of abusive behavior in relationships as a means of exerting power and control over an intimate partner (McGirr & Sullivan, 2017; Louis & Johnson, 2017).

Substance use disorder: Commonly known as *substance abuse* or *substance dependence*, a maladaptive pattern of substance use associated with psychiatric comorbidity, unhealthy choices, and relapse (Jiang, et al., 2017; Weinstock et al., 2017).

Working alliance: An emotional bond between therapist and patient concerning therapeutic goals and tasks required to achieve them (Fuertes et al., 2017; Zilcha-Mano et al., 2018).

Assumptions

I assumed the study participants would understand the interview questions and answer honestly. Additionally, I assumed participants would have typically created a rapport with their patients. Assumptions are inherent in an interview-based research process (Moustakas, 1994; Vasileiou et al., 2018).

Scope and Delimitations

In this research, I sought to explore the lived experiences of addiction therapists' working alliances with battered women with substance use disorders. I chose this specific focus because there is a documented problem of often unmet needs when therapists vary in their ability to form a working alliance with patients (Lange et al., 2017; Nienhuis et al., 2018). Data were collected through interviews with licensed addiction therapists in the Eastern coastal region of the United States who offer psychotherapy to patients using working alliance as part of their therapeutic approach. Also included were transcendental phenomenology and working alliance theory because these methods seek to acquire new knowledge by exploring the lived experiences of addiction therapists' working alliance with battered women with substance use disorders (Bordin, 1979; Moustakas, 1994; Neubauer et al., 2019; Sadala & Adorno, 2002). Excluded from this study were other types of therapists working in different geographical areas of the United States. Also excluded were hermeneutical phenomenology and social cognitive theory because these theories do not provide new knowledge by exploring the lived experiences of addiction therapists collaborating with patients in the Eastern United States.

For this dissertation, I used a purposive sampling strategy. In qualitative research, purposive sampling often includes deliberately selecting samples appropriate for the research project (Etikan & Bala, 2017; Farrugia, 2019). Additionally, I used a modified version of the van Kaam data analysis method, defined by Moustakas, to analyze the data collected (Bradshaw et al., 2017; Etikan & Bala, 2017; Farrugia, 2019; Moustakas, 1994). Phenomenological data analysis included listing each participants' expression sufficient

for understanding a complete transcription and helped with interpretation of participants' lived experiences necessary to identify, analyze, and categorize themes (Moustakas, 1994; Neubauer et al., 2019). The delimitations for this dissertation included licensed addiction therapists working in the Eastern coastal region of the United States who provide therapeutic services to patients who self-report domestic violence and substance use disorders. The findings of this dissertation are not transferable.

Limitations

A limitation associated with this study was potential bias from participants. Limitations related to design and method weaknesses are the findings are not transferable. Biases that potentially influenced the study include unknown biases of the participants and researcher biases. I used reflexivity journaling as an attempt to control my biases. With my skills as an addiction therapist, I adapted the interview questions to help the respondents.

Significance

The findings in this study could advance knowledge from addiction therapists' shared lived experiences which can contribute to further research. The results might be helpful to addiction therapists to improve how they view the concept of working alliances with patients. Practitioners and shareholders might gain new insights to address often unmet needs of patients from the findings in this study. The findings might lead to positive social change by helping to adapt policies and improve programming to potentially assist administrators, decision makers, and community leaders.

Summary

Chapter 1 included information about the gap in the literature regarding the lived experiences of addiction therapists' working alliances with battered women with substance use disorders. Major sections in the chapter included (a) the introduction, (b) background, (c) problem statement, (d) purpose of the study, (e) research question, (f) theory frameworks, (g) nature of study, (h) definitions, (i) assumptions, (j) scope and delimitations, (k) limitations, and (l) significance. Next, Chapter 2 consists of the literature review for this study.

Chapter 2: Literature Review

Introduction

Addiction therapists establishing working alliances with patients plays a vital role in helping patients reach therapeutic outcomes. Patients experience unmet needs when therapists vary in their ability to form alliances with patients (Kay-Lambkin et al., 2017; Nienhuis et al., 2018; Reyre et al., 2017). Women seeking treatment for substance use disorders often self-report domestic violence histories (Watts et al., 2018). Additionally, many women who survive abuse show a reduced capacity to cope with emotions and build relationships with others (Irving & Liu, 2020; Watts et al., 2018). The purpose of this study was to explore the lived experiences of addiction therapists' working alliances with battered women with substance use disorders.

Addiction therapists embody empathy and genuineness when trying to establish working alliances with patients. These characteristics often influence a patient's willingness to engage in psychotherapy early in their treatment (Kay-Lambkin et al., 2017; Nienhuis et al., 2018; Ungar et al., 2018). In psychotherapy, empathy involves projecting oneself into another person's situation (Kay-Lambkin et al., 2017; Nienhuis et al., 2018). Theorized by Rogers (1956), genuineness is a therapist's awareness of their own feelings toward a patient and their willingness to express their feelings and attitudes openly during therapy sessions (Nienhuis et al., 2018; Ungar et al., 2018). Chapter 2 includes (a) literature search strategy, (b) theory foundations, (c) literature review related to key concepts, and (d) summary.

Literature Search Strategy

I used numerous databases to locate journal articles for the literature review, including Walden University Library and Academic Search Complete, ProQuest Central, APA PsychArticles, and APA PsycINFO. Additionally, I located many relevant journal articles using Google Scholar and Internet search engines. In a search for journal articles, I used the following search terms: *working alliance*, *domestic violence*, and *substance use disorder*. Many relevant journal articles were available to assist in this literature review. I reviewed over 400 titles for this dissertation.

Theoretical Foundation

Two theories were the foundation for this qualitative study: the transcendental phenomenology theory and the working alliance theory. The transcendental phenomenology theory includes an opportunity for qualitative researchers to acquire knowledge of science through concentrated studies (Moustakas, 1994; Neubauer et al., 2019). In this study, I was seeking knowledge regarding addiction therapists' lived experiences and reflective powers of self. Working alliance theory was valuable in this research for integrating knowledge and pointing to new research directions (Bordin, 1979; Lange et al., 2017). Qualitative researchers who use the working alliance theory can observe a collaborative effort between addiction therapists and patients seeking behavioral change (Bordin, 1979; Lange et al., 2017).

For this dissertation, the concept of interest was working alliance and the phenomenon was the lived experiences of addiction therapists' working alliances with battered women with substance use disorders (Bordin, 1979; Nienhuis et al., 2018).

Working alliance is establishing an emotional bond built on trust between therapist and patient to achieve collaborative goals and tasks (Reyre et al., 2017; Zilcha-Mano et al., 2017). Phenomenon is what is shown in the light of day and represents a suitable starting point for an investigation (Moustakas, 1994; Neubauer et al., 2019).

Transcendental Phenomenology Theory and Working Alliance Theory

Transcendental phenomenology, pioneered by Edmund Husserl (1900), is a philosophical concept to a qualitative research method seeking to understand human experience and generate new knowledge (Moustakas, 1994; Neubauer et al., 2019; Sadala & Adorno, 2002). Transcendental phenomenology theory is based on the philosophical framework rooted in Husserl's writings with emphasis on phenomenological descriptions of the unchanged aspects of phenomena, which appear at consciousness (Moustakas, 1994; Qutoshi, 2018). Husserl's transcendental phenomenology provides a systemic and disciplined methodology for derivation of knowledge (Moustakas, 1994). Additionally, Husserl's phenomenology uses only the data available to consciousness; it is transcendental because it adheres to what can be discovered through reflection on subjective acts and objective correlates; it is science because it affords knowledge that has effectively disposed of all the elements that could render its grasp contingent; and it is logical in its assertion that the only thing we know for certain is that what appears before us in consciousness and that very fact is a guarantee of its objectivity (Emanuel, 2017; Moustakas, 1994). Thus, transcendental phenomenology serves as a science in which adherents seek determinations open to others to verify (Emanuel, 2017; Moustakas, 1994).

Transcendental phenomenology theory includes subjectivity, the essences of experiences, and a systemic and disciplined method of acquiring knowledge (Moustakas, 1994; Sadala & Adorno, 2002). Operational terms relevant to the transcendental phenomenology theory includes transcendental phenomenology, horizontalizing, clustering and thematizing, and textural–structural synthesis (Emanuel, 2017; Moustakas, 1994). Transcendental phenomenology aligns with the concept of working alliance and supplies a potential resolution for participants in this study to answer the interview questions based on shared lived experiences for data analysis (Moustakas, 1994; Nienhuis et al., 2018).

Created by Edward Bordin (1979), working alliance theory is a methodical and comprehensive concept with a pantheoretical framework based on an emotional bond in the therapeutic dyad and agreement between the therapist and patient, including goals of therapy and achievable tasks (Bordin, 1979; Zilcha-Mano, 2017). Working alliance theory is valuable for integrating knowledge and pointing to new research directions (Bordin, 1979; Castonguay et al., 2006). The working alliance theory points the way for new research in psychotherapy and often establish a bond in the therapist/patient relationship (Bordin, 1979; Gelso & Kline, 2019). When patients form a working alliance with therapists, they often reap benefits from treatment outcomes (Allen et al., 2018; Lange et al., 2017; Zilcha-Mano, 2017). In a working alliance, the person who seeks change and the change agent offering services are key to the change process (Allen et al., 2017; Bordin, 1979). In this study, the working alliance theory supplied a potential

resolution for participants to answer the interview questions for data analysis (Bordin, 1979, Nienhuis et al., 2018).

Working alliance theory is often universally applicable and valuable for integrating knowledge and pointing to new research directions (Bordin, 1979; Lange et al., 2017). In psychotherapy, working alliance often includes the strength of therapeutic agreements of goals, tasks, and bonding (Bordin, 1979; Heynen et al., 2017; Lange et al., 2017). The therapeutic agreement of goals is the groundwork to a collaborative agreement of the tasks intended to be reached in the therapeutic relationship and the extent to which there is trust between the therapist and patient. Tasks are a collaborative agreed-upon contract between therapist and patient that includes concrete exchanges. Bonding is the development of an emotional connection between therapist and patient based on mutual trust and respect (Allen et al., 2017; Altena et al., 2017; Fuertes et al., 2017). Strengthening alliances and establishing collaborative relationships has a significant effect on outcomes for many patients who suffer from poor life satisfaction (Altena et al., 2017; Bordin, 1979; Flückiger et al., 2018; Zilcha-Mano et al., 2018). Previous research findings provide addiction therapists with insights to improve therapeutic services provided to patients (Altena et al., 2017; Bordin, 1979; Flückiger et al., 2018; Zilcha-Mano et al., 2018).

Literature Review Related to Key Concepts

Working Alliance Concept

Working alliance is a helpful tool used by many addiction therapists to assist patients and is commonly considered a predictor of treatment outcome (Flückiger et al.,

2018; Zilcha-Mano et al., 2018). Patients often experience a particular view of alliance created by the dyadic relationship; however, working alliance infuses every interaction throughout psychotherapy (Flückiger et al., 2018; Zilcha-Mano et al., 2018). Working alliance is often considered an unfolding process that can take different forms, achieved quickly, and nurtured over a longer period depending on the collaborative relationship (Flückiger et al., 2018; Zilcha-Mano et al., 2018). Nonetheless, some addiction therapists' perspectives of a working alliance raise concerns; harmful processes may hinder some patients not seeing improvement in psychotherapy and those patients might drop out of treatment (Flückiger et al., 2018; Zilcha-Mano et al., 2018). Positive regard, empathy, and genuineness are essential attributes of addiction therapists and contribute to the working alliance process (Nienhuis et al., 2018; Rogers, 1992).

Domestic Violence

Domestic violence is a pervasive human rights problem and a topic of interest across social and medical sciences (Jennings et al., 2017; Mills et al., 2018). In the United States, only 22% of battered women report violence to the police, 26% seek medical care, and 35% of battered women who live with a spouse or partner are victims of psychological abuse shown to predict future occurrences (Fleming & Resick, 2017; Foreman, 2018; Mills et al., 2018; Voith, 2019). Women who seek services for domestic violence are often mothers who experienced childhood trauma and are now parents with children affected by traumatic experiences (Cross et al., 2018; Jouriles et al., 2018). Additionally, intergenerational transmission of trauma is experienced by women exposed to domestic violence during childhood and frequently witnessed by the victim's children

(McFarlane et al., 2017; Murshid & Murshid, 2018; Song et al., 2017). Children of mothers who are drug users often suffer from internal and external problems and are at risk of engaging in domestic violence and substance use during adulthood (Gray & Squeglia, 2018; Rafiq & Sadiq, 2019; Shin et al., 2019; Song et al., 2017).

Substance Use Disorder Concept

Substance use disorder is an integral part of addiction therapists' daily practices and a patient's relapse of recurrences of illicit drug use is common (Andersson et al., 2019; Cordovilla-Guardia et al., 2017). Nationally, at least 70% of adults experience some form of trauma, 8.9 million adults self-report a substance use disorder, and if left untreated, difficulties can occur with treatment engagement and adhering to psychotherapy (Foreman, 2018; Voith, 2019). Emergency department visits increased 30% between 2016 and 2017, resulting in over 42,000 U.S. deaths from substance abuse related issues (Ayangbayi et al., 2017; Jones & McCance-Katz, 2019).

In the United States, 1 in 4 women experience domestic violence and are at risk of developing posttraumatic stress disorder (PTSD) and a substance use disorder (Fisher & Stylianou, 2019; Pickover et al., 2017). Women between ages 18 and 34 seeking therapeutic services self-report domestic violence and depression, and often overlooked in research (Fleming & Resick, 2017; Mills et al., 2018; Pill et al., 2017). There is often a weak association between alliance and outcome of patients with a substance use disorder (Altena, et al., 2017; Gidhagen et al., 2020; Shafran et al., 2017). Additionally, some patients feel awkward and pressured when a therapist uses immediacy in establishing a working alliance, feel disconnected from other people including professional care

systems, and do not always have similar views of alliance (Altena et al., 2017; Shafran et al., 2017). Therapists who are controlling often fail to build an alliance in the first 6 months of treatment and vary in their ability to form working alliances with patients (Heynen et al., 2017; Nienhuis et al., 2018; Watson et al., 2017).

There is a need for therapists to establish a working alliance with patients because in psychotherapy a dyad collaboration often includes a sense of hope and trust which can lead to successful therapeutic outcomes (Altena, et al., 2017; Vîslă et al., 2018; von Grieff & Skogens, 2019; Zilcha-Mano et al., 2018). Additionally, I have been unable to locate research containing lived experiences of addiction therapists establishing a working alliance of battered women with substance use disorders. Chapter 2 includes, (a) historical accounts of transcendental phenomenology, (b) transcendental phenomenology: strengths and weaknesses, (c) historical accounts of working alliance, (d) alliance ruptures, (e) working alliance: strengths and weaknesses, (f) historical accounts of women and trauma, (g) historical accounts of women and substance use disorders, (h) PTSD and domestic violence, (i) historical account of mistrust of the medical profession, (j) economic cost of domestic violence and illicit drug use, (k) rationale of concepts selection, (l) working alliance concept: what is known/controversial, (m) domestic violence concept: what is known/controversial, (n) substance use disorder concept: what is known/what is controversial, (o) opportunities for future studies, (p) meaningful transcendental phenomenology approach, (q) meaningful working alliance approach, and (r) summary.

Historical Accounts of Transcendental Phenomenology

Historical accounts of phenomenology dates to the year 1765 in philosophy with writings of Immanuel Kant and in the 1821 writings by Georg Hegel (Emanuel, 2017; Moustakas, 1994). Hegel propose phenomenology is knowledge as it appears to consciousness, and a science of describing what one perceives and knows in one's immediate awareness and experience (Emanuel, 2017; Moustakas, 1994). Kant's and Hegel's writings lead to an unfolding phenomenal consciousness through science and philosophy (Emanuel, 2017; Moustakas, 1994). Edmund Husserl's (1900) transcendental phenomenology writings were influenced by French philosopher, René Descartes (Emanuel, 2017; Moustakas, 1994). What appears in the consciousness is the *phenomenon* (a Greek word *phaenesthai*) meaning to show itself in the light and considered a suitable starting point for a qualitative investigation (Emanuel, 2017; Moustakas, 1994). Alfred Schutz writings published in 1932 represented the framework of sociology based on phenomenological considerations and was thoroughly acquainted with Husserl's philosophy which is applicable to current qualitative research (Emanuel, 2017; Moustakas, 1994).

Transcendental Phenomenology: Strengths and Weaknesses

Transcendental phenomenology approach includes an opportunity to acquire new knowledge from the experiences of others (Moustakas, 1994; Neubauer et al., 2019; Sadala & Adorno, 2002). Within the transcendental phenomenology spectrum, human behavior often includes stimuli and social structures motivated and orientated by the individual's worldview and self-interpretation of a lived experience (Emanuel, 2017;

Moustakas, 1994). A weakness of transcendental phenomenology is the novice researchers may have difficulty describing events from within, blending what is really present, and explaining the essence of a phenomenon by exploring it from the perspectives of those who have experienced it (Moustakas, 1994; Neubauer et al., 2019).

Historical Accounts of Working Alliance

Working alliance, referred to as alliance or therapeutic alliance, is a concept with historical accounts dating back to 1934 when Richard Sterba provided a comprehensive model of a non-transferential aspect of the client–therapist relationship (Sterba, 1934; Zilcha-Mano, 2017). In 1937, Sigmund Freud is credited for coining *alliance ruptures*, when patients did not engage in therapeutic work as expected (Flückiger et al., 2018; Zilcha-Mano, 2017). Since the 1940s, practitioner's competency includes understanding how the effects of working alliance with patients are affected by traumatic events (Brend et al., 2020; von Greiff & Skogens, 2019). In 1956, Elizabeth Zetzel distinguished transference neurosis from working alliance and first applied the label alliance bond between therapist and patient (Greenson, 2008; Horvath, 2018).

Working alliance often includes the collaborative aspect of alliance consisting of an agreement on goals, tasks, and a strong relationship between the therapist and patient (Heynen et al., 2017; Lange et al., 2017; Vîslă et al., 2018). Different patterns of alliance development, theorized by Greenson (1965), indicate distinct types of information including single alliance snapshot and rupture-resolution processes (Morris, et al., 2016; Zilcha-Mano, 2017; Zilcha-Mano & Errázuriz, 2017). Single alliance snapshot is a pattern of therapeutic development which determines the degree treatment can be

conducted adequately and rupture-resolution processes is a breakdown in the relationship between the addiction therapist and the patient followed by a weaker alliance, then a stronger alliance again (Gersh et al., 2017; Zilcha-Mano & Errázuriz, 2017). Rupture resolution often requires addiction therapists seek to repair difficulties which the patient experiences throughout psychotherapy (Ben David-Sela et al., 2020; Eubanks et al., 2018).

Alliance Ruptures

When left unresolved, alliance ruptures can often result in poor treatment outcome and premature termination of psychotherapy (Baier et al., 2020; Larsson et al., 2018; Urmanche et al., 2019). Alliance ruptures is defined as a breakdown or tension in the relationship between therapist and patient (Lo Coco et al., 2019; Larsson et al., 2018; Urmanche et al., 2019). Ruptures often occur in over 90% of treatment sessions with addiction therapists and patients resulting in a need to continuously negotiate the tasks and goals of therapy (Ben David-Sela et al., 2020; Eubanks et al., 2018). Addiction therapists who address alliance ruptures can increase the patient's awareness of problematic patterns in behavior change (Chen et al., 2018; Larsson et al., 2018).

Working Alliance: Strengths and Weaknesses

The working alliance approach is applicable in a wide variety of psychotherapeutic settings (Bordin, 1979; Lange et al., 2017). Working alliance approach is valuable for integrating new knowledge and pointing to new research directions (Bordin, 1979; Neubauer et al., 2019; Sadala & Adorno, 2002). The working alliance approach includes concepts of collaborative agreement, goals, and tasks many addiction

therapists utilize when establishing a relationship with patients (Altena et al., 2017; Shafran et al., 2017; Vîslă et al., 2018). A weakness in the working alliance approach is the take-charge feature of many addiction therapists in tasks assignments which can be frightening to patients with lifelong trust issues of authority figures, low trust in health care systems, and difficulty forging close relationships with others (Bordin, 1979; Ellis et al., 2018; Matsuzaki et al., 2018).

Historical Accounts of Women Exposure to Trauma

Historical accounts of women exposed to trauma and life-threatening events dates to injured soldiers in the Trojan War and survivors of the 1600s Great Fire of London (Dickinson, 2017; Ross et al., 2017). The ancient Greek word for trauma is (τραῦμα) translated as ‘wound’ and by the 1880s, Freud theorized trauma is the story of a wound which continuously cries in a loud voice of a reality or truth and throughout history, different forms of trauma is described as nostalgia, shell shock, and post-Vietnam syndrome reflecting time and culture (Groenewald, 2018; Ross et al., 2017). In the 1970s, the beginning of the Battered Women’s Movement escalated in part by human service workers seek to develop responses to women’s experiences of domestic violence followed by trauma which provide important insights into inequities in health and social wellbeing (Borell et al., 2018; McGirr & Sullivan, 2017). Additionally, results of armed conflict, natural disasters, and other humanitarian emergencies, children and elder abuse later in life are exposed to trauma which is comparatively new; yet experiences of violence are part of the history of humankind (Ali & McGarry, 2018; Groenewald, 2018; Magruder et al., 2017; Ragavan, et al., 2017).

Historical Accounts of Women and Substance Use Disorders

Historians documented, during the 1600s and 1700s in the US, women used marijuana for treatment of labor pains, postpartum psychoses, and so-called patient medicines, were explicitly marketed to women and readily available to treat wounded soldiers during the Revolutionary War (Stevens et al., 2009; Terplan, 2017; Wang, 2019). Along with the use of alcohol and opium, women's use of cocaine increased during the 1800s and alcohol was consumed primarily in public spaces including saloons frequented by men, and opioids use became common among women (Stevens et al., 2009; Terplan, 2017; Wang, 2019). In the 1870s, women who smoked opium, bought drugs at Chinese restaurants, laundries, and opium dens (Musto, 1991; Stevens et al., 2009; Terplan, 2017; Wang, 2019).

In the 1920s and 30s, drug and cocaine use was often associated with the beat generation and played a part in the diffusion of styles and fashions in the jazz era and with different cliques within the sporting world-actors and actresses, and with high-rolling gamblers opium smoking (Keire, 1998; Pedersen & Skrondal, 1999; Strang et al., 1998). The increasing drug use and crime rate in national politics during the 1960s and 70s includes the rise of heroin use, abuse of methamphetamine and amphetamine-type stimulates tablets used by some soldiers to reduce fatigue and suppress appetite, and pills became problematic among young adults, especially college students (Agar & Reisinger, 2002; Gonzales et al., 2010; Pieters & Snelders, 2009). In 2015, in the US, over 33,000 people died from opioid overdoses which exceeded motor vehicle crashes and deaths as well as the major cause of death among people under 50 years old in 2017 exceeding the

rates of death caused by firearms (Hernandez et al., 2020; Wickramatilake et al., 2017). From the late 1990s to the present, the opioid crisis in the US has raised public awareness of substance use disorders including medications used to treat opioid dependence (Hernandez et al., 2020; Wang, 2019).

Historically, addiction therapists provide services to diverse cultures by establishing a working alliance to assist battered women with substance use disorders gain confidence to achieve set goals and a sense of emotional well-being (Sullivan & Virden, 2017; von Greiff & Skogens, 2019). Nationally, public policies and laws tend to discriminate against female addicts, accounting for over 30% who experienced domestic violence prior to seeking treatment, and many battered women with an abusive history involvement in the criminal justice system (Fernández-Montalvo et al., 2019; Jones & McCance-Katz, 2019; Paquette et al., 2018).

Women with a history of illicit drug use relate issues often reside in communities with high imprisonment rates and often viewed in socially defined roles as mother, wife, and family nurturer living in fear of being labeled as unfit mothers (Blakey & Grocher, 2020; Stringer & Baker, 2018; Threadcraft & Miller, 2017). Substance use disorders in general are stigmatized and women experience more social disapproval including separation from spouse or divorce, and men are more likely to affect jobs, career paths and occurrences with the criminal justice system (Evans et al., 2017; Pickard, 2017). Many female addicts may avoid treatment to evade the shame and negative social label which can lead to secrecy and treatment avoidance (Stacy-Ann Louis & Johnson, 2017; Stringer & Baker, 2018).

Posttraumatic Stress Disorder and Domestic Violence

PTSD is one of the most commonly clinical issues among women who experience domestic violence (Anderson et al., 2018; Pill et al., 2017; Simpson et al., 2020; Sullivan et al., 2018). PTSD is a chronic disorder characterized by cognitive impartment, physiological hyperarousal, and avoidant behaviors resulting from experiencing or witnessing a life-threatening event which often results in an increased likelihood to self-medication with illicit drugs (Samuelson et al., 2017; Szafranski et al., 2017). Additionally, PTSD is diagnosed in over 20% of women with a history of domestic violence including victims who take refuge in emergency shelters (Fedele et al., 2018; Jonker et al., 2019; Samuelson et al., 2017). Many battered women with PTSD often experience cognitive impairments and are commonly at risks of re-victimization (Foreman, 2018; Magruder et al., 2017; Sabri & Gielen, 2019). Rape myths and stereotypes typically suggest low-income women with PTSD related issues are promiscuous and the consequences of disclosing a sexual assault might lead to increased negative reaction (Fansher & Zedake, 2020; Martinez et al., 2018; Hakimi et al., 2018).

Historical Accounts of Mistrust of Medical Professionals

Historians documented throughout the 17th century legally and politically abuse experienced by many women (Krishnan et al., 2020; Prather et al., 2018; Thompson-Miller & Picca, 2017). The Tuskegee Syphilis Study describe a case mistrust of medical professionals which began in 1932 in Macon Country, Alabama and continued for 40 years (Alsan et al., 2020; Jaiswal, 2019; Lee et al., 2018). In the late 1960s, a women's cervical precancer study in Auckland, New Zealand, were widely considered unethical

research (Batt, 2018; Raffle & Gray, 2020). In 1989, mistrust and unethical research include the Havasupai Diabetes Project of American Indians donating blood intended to cure diabetes among tribes but were used to investigate genetic causes of schizophrenia, inbreeding and population migration theories without the tribe's consent (Mathew et al., 2017; Pacheco et al., 2013).

Perceived discrimination among some women from diverse cultural and ethnic backgrounds can influence patient's response to addiction therapists and may account for intergenerational mistrust by many battered women seeking treatment for substance use disorders (Glover et al., 2017; Lewis, 2017; Mays et al., 2017). Studies which include models of unethical practices cast a light on the way unethical practices in the past historically lingers in present day (Alsan et al., 2020; Jaiswal, 2019; Thompson-Miller & Picca, 2017).

Economic Cost of Domestic Violence and Illicit Drug Use

Domestic violence and substance abuse typically occur multiculturally reflecting economic and costly effects on individuals, society, and cost due to crime and health care needs (Cafferky et al., 2018; Fleming & Resick, 2017; Matsuzaki et al., 2018). Few studies quantify domestic violence per-victim cost; however, based on 43 million US adults with victimization history, which includes medical care, mental health care, and lost productivity, government sources pay an estimated $1.3 trillion (37%) of the lifetime economic burden (Hunt et al., 2017; Maniccia & Leone, 2019; Peterson et al., 2018; Voith, 2019). By the year 2012, an estimated 26% of US women and 10% of men reported adverse domestic violence experiences and women often experience economic

violence by people using resources to sanction, threat, and control victims (Almis et al., 2020; Peterson et al., 2018).

Rationale for Concept Selections

Selection of the concepts of working alliance, domestic violence, and substance use disorders was appropriate for this dissertation in order to answer the interview questions and obtain in-depth information related to the addiction therapists' lived experiences of working alliance of battered women with substance use disorders (Moustakas, 1994; Nienhuis et al., 2018). Working alliance, domestic violence, and substance use disorders are concepts addiction therapists often encounter throughout psychotherapy and while working to instill a sense of hope and trust which many patients can transfer positive lifestyle changes (Shafran et al., 2017; von Greiff & Skogens, 2019).

Working Alliance Concept: What Is Known/Controversial

Typically, the working alliance concept is often referred to as a mutual bond between the addiction therapists and patient, and a collaborative agreement, goals, and tasks to achieve successful treatment outcome (Altena et al., 2017; Fuertes et al., 2017). Establishing a therapist and patient relationship has only been viewed as important within the last few decades and the collaboration often hold different perspectives which could interfere with psychotherapy and the completion of a treatment program (Easton et al., 2018; Fisher et al., 2017; Fuertes et al., 2017; Marchand et al., 2019; Manuel et al., 2017; Zilcha-Mano et al., 2017). Patients decide whether to adhere to prescribed treatment, its suitability based on culture values and traditions, and important to be recognized by the therapists when providing services (Fuertes et al., 2017; Leite & Peluso, 2018).

Theoretical debates exist whether working alliance can serve as a mechanism for therapeutic change because for decades empirical attention focused on single snapshot alliance and commonly measured at one early session and outcome (Nienhuis et al., 2018; Vîslă et al., 2018; Zilcha-Mano & Errázuriz, 2017). Interpretation of some therapy approaches remains unclear why some interventions appear effective with some populations and settings while others do not (Kay-Lambkin et al., 2017; Nienhuis et al., 2018; Vîslă et al., 2018).

Domestic Violence Concept: What Is Known/Controversial

Empirical literature support domestic violence as a serious healthcare crisis with physical, psychological, and economic consequences for women (Adams et al., 2021; Bacchus et al., 2018; Sullivan, 2018). A lifetime exposure to domestic violence often put many women at risk of health problems, stress, and substance use disorders (Crane & Eastman, 2017; Sabri & Gielen, 2019). A review of the literature suggest friends and family members are often aware of domestic violence loved one's experience or perpetrator and the adverse outcome effect on children (Gregory et al., 2017; Trabold et al., 2018). The literature document women who experience domestic violence often exhibit limited coping skills which can affect the victim's mental health outcome (Jonker et al., 2019; Mills et al., 2018).

Domestic violence does not singularly imply physical violence because survivors of physical abuse often include women who experienced trauma during childhood and PTSD along with other prior harmful experiences (Fisher & Stylianou, 2019; Mills et al., 2018). At least one in four women self-report violence experiences by an intimate partner

and 35% of battered women often live with a spouse or partner are victims of psychological abuse shown to predict future occurrences (Fisher & Stylianou, 2019; Mills et al., 2018). Research supports the literature which indicate it is rare to find a violent domestic relationship which does not also involve physical abuse (Fisher & Stylianou, 2019; Mills et al., 2018). Intergenerational transmission of domestic violence is consistently supported by cross-sectional studies (McFarlane et al., 2017; Machisa et al., 2017; Murshid & Murshid, 2018; Song et al., 2017). Domestic violence controversy arises whether men or women's tendency use of violence toward an intimate partner are more profound than endorsement of women's use of violence toward an intimate mate (Copp et al., 2019; Fisher & Stylianou, 2019).

Substance Use Disorders Concept: What Is Known/Controversial

At least 33% of people with a substance use disorder do not receive any treatment, often placed on a waiting list, and upon discharge from a treatment facility return to society with limited aftercare resources (Fisher et al., 2017; Manuel et al., 2017; Marchand et al., 2019; Velez et al., 2017). Battered women with a substance use disorder often self-report depression, loss of social networks, and PTSD (Adams et al., 2021; Hassan, et al., 2017; Sullivan et al., 2018; Swopes et al., 2017). Cognitive changes coupled with social and peer influences put many young adults between the ages of 12 and 25 at risk of substance use and accounts for 21% of deaths worldwide (Adams et al., 2021; Jiang et al., 2017: Jordan & Andersen, 2017; Lindberg & Zeid, 2017). Despite significant achievements in research and policy, controversy arise because most existing addiction research is male-oriented (McHugh et al., 2018; Meyer, et al., 2019; Urbanoski

et al., 2018). Although substance use is prevalent among domestic violence perpetrators and victims, debate exist whether substance use occurs as a result of victims self-soothe as a response to fear or violence, relationship conflict, and excuses for aggression (Cafferky et al., 2018; Fisher & Stylianou, 2019).

Opportunities For Future Studies

Debates related to treatment adherence are often linked to interactions between the addiction therapists and the patients' faith and trust; therefore, future research is warranted to examine the relationship aspects of psychosocial health and treatment adherence (Lange et al., 2017; Mundorf et al., 2017). Research is needed to provide inexpensive feedback options addiction therapists can use in developing low-income countries (Errázuriz & Zilcha-Mano, 2018). To expand efforts for patients to change self-management behaviors, research is needed to examine provider behavior change (Allen et al., 2017; Locke et al., 2018). Often overlooked in research are the effects of psychological abuse caused by domestic violence against women which are among the leading cause of female homelessness (Fisher & Stylianou, 2019; Mills et al., 2018).

Future studies are needed to investigate the quality of the parent-professional alliance and alliance outcome association as well as cultural empathy as a potentially overlooked aspect in cross-cultural therapeutic relationships (de Greef et al., 2017; Nienhuis et al., 2018). The literature gaps on childhood abuse leading to illicit drug use problems on how impulsivity traits of lack of perseverance and sensation (McCarty et al., 2017; Mirhashem et al., 2017; Widom, 2017). Research and funding opportunities are needed to examine multidisciplinary approaches to develop effective integrated systems

and interventions tailored to women's specific needs, and between depression and domestic violence (Bacchus et al., 2018; Meyer et al., 2019). Additionally, this dissertation was needed to explore the lived experiences of addiction therapists' working alliances of battered women with substance use disorders.

Meaningful Transcendental Phenomenology Approach

The research question was, what are the lived experiences of addiction therapists used to form working alliances with patients? The transcendental phenomenological approach selected for this dissertation was meaningful and allowed the opportunity to conduct research systemically and to acquire knowledge of science through studies of the addiction therapists shared lived experiences and the reflective powers of self (Emanuel, 2017; Moustakas, 1994). Notably, the transcendental phenomenology approach was an opportunity to provide a resolution to answer the interview questions consistent with the lived experiences of addiction therapists' working alliance of battered women with a substance use disorder (Moustakas, 1994; Nienhuis et al., 2018).

Meaningful Working Alliance Approach

The working alliance approach selected for this dissertation was meaning to support psychotherapeutic methods often used by addiction therapists (Bordin, 1979; Nienhuis et al., 2018). Additionally, the working alliance approach was helpful because it includes a framework based on a collaborative bond and agreement between the addiction therapists and patient to achieve therapeutic goals and tasks (Bordin, 1979; Vîslă et al., 2018). Working alliance approach provided a resolution to answer the interview questions of the lived experiences of addiction therapists' working alliance of battered

women with a substance use disorder (Bordin, 1979; Nienhuis et al., 2018). The next section includes the summary for this dissertation.

Summary

The topic of this dissertation was the lived experiences of addiction therapists' working alliances of battered women with substance use disorders. This dissertation consists of major themes in the literature including, (a) transcendental phenomenology, (b) working alliance, (c) domestic violence, (d) substance use disorders, (e) mutual trust, (f) collaborative relationships, and (g) agreement, bond, and tasks.

This dissertation filled a gap in the literature by conducting research to explore the lived experiences of addiction therapists' working alliances of battered women with substance use disorders (Lange et al., 2017; Nienhuis et al., 2018). Potential knowledge gained by conducting this qualitative study might contribute to further research from the addiction therapists' lived experiences. I used a modified version of the van Kaam data analysis method, defined by Moustakas, to analyze the data collected of the six interviews that reached saturation (Bradshaw et al., 2017; Etikan & Bala, 2017; Farrugia, 2019; Moustakas, 1994). Next, major sections in Chapter 3 consists of, (a) introduction, (b) research design and rationale, (c) role of the researcher, (d) methodology, (e) issues of trustworthiness, and (f) summary.

Chapter 3: Research Method

Introduction

The purpose of this study was to explore the lived experiences of addiction therapists' working alliances with battered women with substance use disorders

(Moustakas, 1994; Nienhuis et al., 2018; Sadala & Adorno, 2002). Addiction therapists often play a pivotal role in helping battered women who seek services for substance use disorder gain a sense of hope and trust throughout psychotherapy to improve outcomes (Shafran et al., 2017; von Greiff & Skogens, 2019). Working alliance is a tool many addiction therapists use to create a collaborative relationship with patients, which can lead to behavioral change (Nienhuis et al., 2018; Shafran et al., 2017; von Greiff & Skogens, 2019). Additionally, addiction therapists often use a working alliance to create a safe environment for patients to express emotions (Heynen et al., 2017; Shafran et al., 2017). Chapter 3 includes research design and rationale, role of the researcher, methodology, issues of trustworthiness, and a summary.

Research Design and Rationale

I used the following research question to guide this dissertation: What are the lived experiences of addiction therapists in forming working alliances with patients? The concepts of interest were: (a) working alliance as an emotional bond between therapist and patient concerning therapeutic goals and tasks required to achieve set goals (Bordin, 1979; Zilcha-Mano et al., 2018); (b) domestic violence as an ongoing pattern of abusive behavior in relationships as a means of exerting power and control over another intimate partner (McGirr & Sullivan, 2017; Stacy-Ann Louis & Johnson, 2017); and (c) substance use disorders, commonly known as substance abuse and substance dependence, are maladaptive patterns of substance use associated with psychiatric comorbidity, unhealthy choices, and relapse (Jiang et al., 2017; Weinstock et al., 2017). This study was based on phenomenology and working alliance theories. Phenomenon, a Greek word *phaenesthia*,

is to flare up, to show itself, and the sum of what lies before people in the light of day (McConnell-Henry et al., 2009; Moustakas, 1994). The phenomena in this study were the lived experiences of addiction therapists' working alliances with patients.

The transcendental phenomenology theory is used to contain participants' reflections rather than a researcher's; the study subjects' thought processes are an essential part of human lived experiences (Moustakas, 1994; Thompson, 2018). In this research, transcendental phenomenology created an opportunity to obtain in-depth information from participants who shared their human experiences (Moustakas, 1994; Sadala & Adorno, 2002). Working alliance theory is useful in multiple psychotherapy forums, expands new knowledge, and uncovers new research directions (Bordin, 1979; Moustakas, 1994; Neubauer et al., 2019). Additionally, working alliance theory allowed an opportunity to focus on collaborative agreements, goals, and tasks commonly used by addiction therapists to improve patients' treatment outcomes (Bordin, 1979; Nienhuis et al., 2018). In addition, working alliance theory allowed for insight from answers to interview questions provided by participants (Bordin, 1979; Nienhuis et al., 2018). Transcendental phenomenology and working alliance instruct how language is used in participant questions and answers and how results are analyzed, presented, and interpreted (Bordin, 1979; Mason-Bish, 2019; Moustakas, 1994).

Transcendental phenomenology theory offers an opportunity to advance knowledge through shared human experiences from participants' perspectives (Bordin, 1979; Moustakas, 1994; Sadala & Adorno, 2002). Working alliance theory offers an opportunity to expand knowledge and provide new insights promoted through

collaborative relationships (Bordin, 1979; Nienhuis et al., 2018). Together these theories were appropriate for this study and its focus.

Role of the Researcher

Transcendental phenomenological researchers are often linked to phenomenological studies (Dodgson, 2019; Finefter-Rosenbluh, 2017). My key role in this study was intertwined with reflexivity journaling (Dodgson, 2019; Mason-Bish, 2019). Reflexivity journaling is defined as a researcher's self-examination of biases and reflection (Amin et al., 2020; Dodgson, 2019). In qualitative research, a researcher is often a key instrument, and my background and experience moderated an understanding of the shared lived experiences from the participants' perspectives (Cypress, 2017; Dodgson, 2019; Finefter-Rosenbluh, 2017; Mason-Bish, 2019). Developing a trusting relationship with participants supported this research (Roger et al., 2018; Zhang & Liu, 2018).

Having worked in the alcohol and substance abuse profession, I understand individual opinions and perspectives can affect a study's findings (Dodgson, 2019; Finefter-Rosenbluh, 2017). I used reflexivity journaling to manage my biases (Dodgson, 2019; Finefter-Rosenbluh, 2017). There appeared to be no ethical issues beyond usual life events that sparked uncomfortable memories, and I did not hold positions of employment power over study participants.

Methodology

Population

In the United States, an estimated 14,500 specialized drug treatment facility staff provide psychotherapy, behavioral therapy, medication, case management, and other types of services to persons with alcohol and substance use disorders (National Institute on Drug Abuse, 2020; Substance Abuse and Mental Health Services Administration, 2016; U.S. Bureau of Labor Statistics, 2020). Nationally, an estimated 293,620 licensed professionals provide therapeutic interventions to patients in physicians' offices and mental health clinics at outpatient, inpatient, and residential settings (National Institute on Drug Abuse, 2020; Substance Abuse and Mental Health Services Administration, 2016; U.S. Bureau of Labor Statistics, 2020). In the Eastern coastal region of the United States, where I recruited participants, approximately 15,873 licensed addiction therapists serve patients with alcohol and substance use disorders (Board of Professional Counselors and Therapists, 2020; Virginia Counseling License Requirements, 2020; Washington, D.C. Counseling License Requirements, 2020).

Sample

For this study, the population included a sample size of 6 self-reported licensed addiction therapists located in the Eastern coastal region of the United States. I recruited addiction therapists with an alcohol and drug abuse specialty. Additionally, I recruited addiction therapists who use working alliances to establish a therapist–patient relationship, who serve battered women with a substance use disorder, and who offer

psychotherapy as part of a therapeutic approach (Nienhuis et al., 2018; von Greiff & Skogens, 2019).

I used a purposive sampling strategy for this dissertation. The purposive sampling strategy offers an opportunity to choose small yet information-rich samples optimal to answer the interview questions (Etikan & Bala, 2017; Farrugia, 2019). The sampling technique included interpretations of data collected from information-rich interviews with participants, which gave meaning to the phenomenon under review and human behavior (Emanuel, 2017; Moustakas, 1994).

Purposive sampling provided an opportunity to choose small yet information-rich samples. Had the purposive sampling strategy resulted in too few recruits, I planned to use snowball sampling to access new participants referred by other participants with similar lived experiences and who fit the criteria (Emerson, 2015; Ghaljaie et al., 2017). However, I reached saturation using only purposive sampling in this study (Emerson, 2015; Ghaljaie et al., 2017).

Participant Selection Criteria

Participants were self-reported licensed therapists, who had an alcohol and drug abuse specialty and served battered women with a substance use disorder. These were the selection criteria for participation in this research. Additionally, participants included licensed therapists located in the Eastern coastal region of the United States who use working alliance as part of a psychotherapy approach. Participants self-reported holding licensure, having an alcohol and drug abuse specialty, and serving patients ages 18 and older. Additionally, participants were therapists who use working alliance as part of a

therapeutic approach and serve battered women with a substance use disorder (Ben-Porat, 2020; Lange et al., 2017; Wilson et al., 2017).

In this research, data were collected through interviews with participants until I reached saturation. The sample size needed to reach saturation was six. In qualitative research, sample size is typically small to support the depth of case-oriented analysis and provide richly textured information appropriate to the phenomenon under investigation (Sim et al., 2018; van Rijnsoever, 2017). The rationale for the sample size was consistent with the methodological considerations to answer the research and interview questions, the nature and purpose of the study, theoretical underpinnings, and realistic attention to time and resources.

I obtained contact information and details for substance abuse treatment facilities listed on the national directory of drug and alcohol abuse treatment facilities located in the Eastern coastal region of the United States. Once I compiled a list of facilities, I telephoned the administration and requested an email address to forward a recruitment flyer to post on their online forum frequented by addiction therapists and social workers employed at the organization. The recruitment flyer included the purpose and significance of the study, potential benefits and risks of participation, and my contact information for those interested in participating. Additionally, I recruited participants using the Walden Participant Pool which posted the recruitment flyer on the university's website. For this dissertation, theoretical saturation was achieved when I repeatedly heard redundant information during the Zoom interviews and made the decision there was no additional information to be had from conducting additional interviews (Rowlands et al.,

2015; Saunders et al., 2018). Saturation and sample size should align in order to improve the accuracy of the interpretation of the data collected and enhance the validity of the findings.

Instrumentation

I created a data collection instrument that consisted of nine interview questions used to reach saturation (Appendix D). I conducted a single interview with each of six participants and conducted no follow-up interviews. In this research, there appeared to be strong face validity during data collection, as the direct responses to the interview questions were in relation to the research question and problem. The research offered an opportunity to explore in-depth lived experiences from participants' perspectives and consistent with a modified version of the van Kaam data analysis method (Connell et al., 2018; Grundy et al., 2019; Moustakas, 1994).

I conducted a Google search of potential substance abuse facilities listed on the national directory of drug and alcohol abuse treatment facilities on the U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration website that were located in the Eastern coastal region. After compiling a list of alcohol and substance abuse facilities, I telephoned the administration and requested an email address to forward a recruitment flyer (Appendix A) to post on their online forum frequented by addiction therapists and social workers employed at the organization. The recruitment flyer included the purpose and significance of the study, potential benefits and risks for participation, and my contact information for those

interested in participating. Additionally, I recruited participants using the Walden Participant Pool, which posted the recruitment flyer on the university's website.

Data Collection Procedure

For this dissertation, I recruited participants from substance abuse facilities located in the Eastern coastal geographical areas in the United States and the Walden Participation Pool. The frequency of the data collection was one interview for each participant. The duration of each interview was approximately 60 minutes. I recorded the data collected from the participant interviews via Zoom and stored on a flash drive, and my password protected personal computer. I informed the participants the interviews were being voice recorded for accuracy. If recruitment resulted in too few participants, I intended to use the snowballing sampling strategy as a follow-up option. Before exiting the interview, I asked participants to pose any questions about the research study. Additionally, the consent form advised the participants if experiencing anxiety or stress, during the interview, I could provide a referral. There were no partners assisting in identifying, recruiting participants, and obtaining consent. There were no follow-up interviews for this dissertation.

Data Analysis Plan

For this dissertation, there appeared to be strong face validity of the six interviews that reached saturation related directly to the research question which allowed the opportunity to explore in-depth lived experiences from the participants perspective and consistent a modified version of the van Kaam data analysis method (Connell et al., 2018; Grundy et al., 2019; Moustakas, 1994). The following were two examples of the

participant interview questions: (a) How do you use working alliance to form a therapeutic relationship with patients and can you give examples? (b) Why do you think it is important to establish a collaborative relationship with patients?

For dissertation, I used a modified version of the van Kaam data analysis method which consisted of: (a) listed every expression as having equal value relevant to the experience, a process referred to as horizontalizing; (b) reduced and eliminated (to determine invariant constituents) repetitive, and vague expressions from the participant interviews. The horizons that remain are the invariant constituents of the experience; (c) clustered and thematized core experience against the completed record of the participants respective transcripts and use relevant verbatim examples from the participant transcripts, a process referred to as individual textual descriptions; (d) used relevant, validate constituents and themes, constructed from the participants respective transcripts, as process referred to as textual-structural descriptions; (e) clustered themes and meanings of horizontalized participant statements into common categories and themes and removed overlapping and repetitive statements, a process referred to as textual descriptions; (f) developed themes with statements to create an accurate interpretation of the participant's lived experiences, a process referred to as organize textual descriptions; (g) integrate the textural and structural descriptions, a process referred to as textual-structural synthesis, into unified statements, the final step in the phenomenological research process. The modified version of the van Kaam data analysis method appeared appropriate for dissertation and resulted in identifying, analyzing, and reporting patterns and themes (Moustakas, 1994; van Rijnsoever, 2017).

I collected data from the participants via audio-recorded Zoom interviews to promote accuracy of responses and transcribe the information. I used Microsoft Word to manage and organize the data. Typically, in many phenomenological investigations, interview questions are a common method to collect data on the topic and phenomenon (Moustakas, 1994; Weller et al., 2018). I created a climate in which the participants felt comfortable to respond honestly and comprehensively. Once I collected the data, I provided respective transcripts via email to the participant for review and correction, then worked with the revised transcript. I reread the raw data in its entirety to gain a holistic understanding of each participants' lived experiences. I followed the steps of the modified version of the van Kaam data analysis method including transcribing participant interviews, provided verbatim examples and relevant themes (Emanuel, 2017; Moustakas, 1994). I coded relevant words and phrases to help organize the data. Coding is often a popular method employed by many qualitative researchers for quick visual identification of raw data, helps the researcher analysis the data, and turn the information into a communicative and trustworthy story to summarize the content (Parameswaran et al., 2020; Skjott Linneberg & Korsgaard, 2019). The treatment of discrepant cases was not applicable to this study. The participant experiences for this dissertation were relevant to the phenomenon under study.

Issues of Trustworthiness

In qualitative research, trustworthiness often provides guidance to researchers in promoting quality in science-based inquires (Amin et al., 2020; Cypress, 2017; Lemon & Hayes, 2020). Trustworthiness is defined the quality and truthfulness of the findings in a

study (Cypress, 2017; Lemon & Hayes, 2020; Walby & Luscombe, 2017). Additionally, trustworthiness often includes using terminology the reader can understand and have confidence in the results (Amin et al., 2020; Cypress, 2017). For this dissertation, issues of trustworthiness included credibility (internal validity), member checking, theoretical saturation, reflexivity journaling, transferability (external validity), dependability, and confirmability (Cypress, 2017; Lemon & Hayes, 2020).

Credibility

Strategies I plan to use to promote credibility (internal validity) includes facilitating interview questions via Zoom with the participants (Moustakas, 1994, Shufutinsky, 2020). Credibility is commonly defined as the trustworthiness of the research claims and results, and a fair representation of participants perspective (Liao & Hitchcock, 2018; Walby & Luscombe, 2017). In this dissertation, I used six interviews that reached saturation which allow participants an opportunity to share in depth descriptions of lived experiences from a personal perspective (Moustakas, 1994; Shufutinsky, 2020). Additionally, the interviewing method I used included refraining from judgment, a process Husserl refers to as epoche, since the interpretations and perceptions could become skewed if I failed to disregard firsthand experiences while interviewing participants (Emanuel, 2017; Moustakas, 1994). In this dissertation, credibility also included member checking, theoretical saturation, and reflexivity journaling.

Member Checking

In this dissertation, member checking was a single event which took place by verifying accuracy of the transcriptions (Brear, 2019; 2012; Thomas, 2017). I offered participants the opportunity to check portions of verbatim transcripts to check for accuracy and before I modified the text to alter identifying data to protect the anonymity of the subjects (Brear, 2019; Thomas, 2017). Member checking is commonly defined as a form of verification to improve the accuracy and validity of what is recorded during the interview (Brear, 2019; 2012; Thomas, 2017). Based on the methods and procedures, I offered an analysis consistent with the content of this dissertation (Belotto, 2018; Moustakas, 1994).

Theoretical Saturation

For this dissertation, theoretical saturation was achieved when I heard redundant information during the participant interviews and made the decision there was no more to be had conducting interviews (Rowlands et al., 2015; Saunders et al., 2018). Theoretical saturation enhanced the quality of the data I used to analyze by offering the reading an accurate interpretation of the interviews and enhanced the validity of the findings for this dissertation.

Reflexivity Journaling

I used reflexivity journaling to try and control my biases (Dodgson, 2019; Finefter-Rosenbluh, 2017). Reflexivity journaling offered the means I used to be conscious of my biases, values, and experiences brought to this study and the findings

reflected the influence I exerted, intentionally or unintentionally (Amin et al., 2020; Karagiozis, 2018).

Transferability

Strategies I used to promote transferability (external validity) included encouraging the participants to provide information-rich descriptions of lived experiences of working alliances of battered women with a substance use disorder (Amin, et al., 2020; Cypress, 2017; Lemon & Hayes, 2020; Thomas, 2017). All objects of knowledge conform to human experience and connected to phenomena, a process Husserl refers to as noesis, which appear in the surrounding world (Emanuel, 2017; Moustakas, 1994). The results of this dissertation were not generalized beyond the sample size and so the reader can substantiate the interpretations (Amin et al., 2020; Lemon & Hayes, 2020).

Dependability

Strategies I used to promote dependability offered the reader the means to replicate the methods and protocols I used in the research process to substantiate my findings in this dissertation (Cypress, 2017; Houghton et al., 2013). Dependability often includes the researcher's history and personal interests in the project and how the theoretical perspective affected data collection (Houghton et al., 2013; Toffoli & Rudge, 2006).

Confirmability

For this dissertation, strategies I used to promote confirmability included member checking consistent with a modified version of the van Kaam data analysis method for conducting the data analysis, a process Husserl refers to as reflection (Moustakas, 1994;

Oliver et al., 2005). In addition, I promoted confirmability by reflexivity journaling to help control my biases through self-reflection (Lemon & Hayes, 2020; Shufutinsky, 2020).

Ethical Procedures

I was granted Walden IRB approval to conduct this dissertation research study. Additionally, I was granted approval and access to recruits via the Walden participant pool for this dissertation. The recruitment materials for this dissertation included, (a) recruitment flyer, and (b) Walden participant pool. There were no ethical concerns beyond usual life events which sparked uncomfortable memories for participants in this study. All participants signed an informed consent via email sent back using the words "I consent" prior to the start of the Zoom interviews. I used a Walden University approved informed consent form for this dissertation. I protected the participants privacy consistent with the following steps: (a) controlled access to the participant audio recordings interviews, (b) altered identifying data in the transcriptions, and (c) not using identifying data in published research. Additionally, not using the participants personal information for any purpose outside of this research project. The participant's identities were kept anonymous and stored in a locked cabinet inside my home (Bradshaw et al., 2017; Doyle & Buckley, 2017). Data was kept secure, stored on my flash drive and password protected personal computer. Participant's data will be kept five years after publication, then destroyed.

There appeared to be no ethical issues beyond usual life events which sparked uncomfortable memories for the study participants. Being in any type of study involves

some risk of minor discomforts that can be encountered in daily life, such as fatigue or stress. Being in this study did not pose risk to the participants safety or wellbeing. Additionally, there appeared to be no conflict of interest and I held no power of employment positions over the participants. There were no payments to participants in this study.

Summary

Chapter 3 includes an introduction and offers the reader details of the research design and rationale, role of the researcher, and the methodology used for this dissertation. Additionally, Chapter 3 consist of issues of trustworthiness and summary. Next, Chapter 4 identified the setting, demographics, data collection, data analysis, evidence of trustworthiness, results, and the summary for this dissertation.

Chapter 4: Results

Introduction

The purpose of this study was to explore the lived experiences of addiction therapists' working alliances with battered women with substance use disorders (Moustakas, 1994; Nienhuis et al., 2018; Sadala & Adorno, 2002). Addiction therapists often play a pivotal role in helping battered women who seek services for substance use disorder gain a sense of hope and trust throughout psychotherapy to improve outcomes (Shafran et al., 2017; von Greiff & Skogens, 2019). Working alliance is a tool many addiction therapists use to create a collaborative relationship with patients, which can lead to behavioral change (Nienhuis et al., 2018; Shafran et al., 2017; von Greiff & Skogens, 2019). Additionally, addiction therapists often use a working alliance to create a safe environment for patients to express emotions (Heynen et al., 2017; Shafran et al., 2017).

In this study, I collected data through participant interviews, then I examined the raw data and created theme matrices (Bradshaw et al., 2017; Etikan & Baal, 2017; Farrugia, 2019; Moustakas, 1994). Many researchers use qualitative research to produce knowledge based on lived experiences told from participants' perspectives and detailing relevant information to the study (Liao & Hitchcock, 2018; Neubauer et al., 2019). For many addiction therapists and other healthcare professionals, qualitative research plays a significant role in conveying the stories of daily experiences intertwined with social injustice and attitudes toward future patients for improved healthcare services (Coupé & Ollagnier-Beldame, 2022; van Manen & van Manen, 2021). Chapter 4 includes the

study's setting, demographics, data collection, data analysis, evidence of trustworthiness, results, and a summary.

Setting

For this dissertation, data were collected from participants across different organizations due to the COVID-19 pandemic. The pandemic created a ripple effect that contributed to disruptions in network structures, public healthcare interventions undertaken to prevent the virus from spreading, unprecedented social disruptions, and a spike in emotional distress related to government-issued stay-at-home orders such as mandated online learning for students and closure of non-essential businesses (Garfin, 2020; Ivanov & Dolgui, 2021). Otherwise, there were no exceptional conditions during this study. All participant interviews were conducted online, rather than in-person, suing Zoom.

Demographics

Participants demographics and characteristics relevant to this study included 6 addiction therapists. All the participants were located in the Eastern coastal region of the United States. The six participants were licensed professionals who use working alliance and provide psychotherapy to battered women with a substance use disorder.

Data Collection

Data were collected through six participant interviews until saturation was reached. The interviews took place over Zoom. The frequency of data collection was one interview per participant. The duration of each participant interview was approximately 60 minutes. Data were recorded via Zoom. There were no variations in the data collection

from the plan presented in Chapter 3. There were no unusual circumstances encountered in the data collection for this study.

Data Analysis

This chapter contains the data analysis steps I used including the data collection methods and processes, examination of data transcription, and description of the thematic matrices from the perspectives of the information-rich sources used to explore the lived experiences of addiction therapists' working alliances with battered women with substance use disorders. In this dissertation, I used a modified version of van Kaam's data analysis method as a tool to move inductively from coded units to larger representations and to deconstruct participatory data. I used the following sequential process: listed every relevant statement to the experience, a process referred to as horizontalizing, and reduced and eliminated (to determine invariant constituents) overlapping and vague expressions from transcribed participant interviews.

I evaluated each expression for two requirements: Is the experience necessary and sufficient to constituent for understanding? Is it possible to abstract and label it? Expressions not meeting the two requirements were eliminated. The horizons remaining were considered the invariant constituents of the experience. I clustered and thematized the invariant constituents of the experiences into thematic labels which were then considered the core themes. I checked final identification of the invariant constituents and themes against the complete record of the research participants. If not relevant, it was deleted. I used verbatim examples from the transcribed interviews, a process referred to as individual–textual descriptions based on the lived experiences of participants. Based

on the individual textural descriptions, I construct each participant an individual–structural description. I then clustered themes and meanings of horizontalized participant statements into common categories and themes. Next I developed themes with statements to create an accurate interpretation of participants' lived experiences, a process referred to as organizing textual descriptions. I integrated the textural and structural descriptions, a process referred to as textual–structural synthesis, into unified statements, the final step in the phenomenological research process.

Horizontalizing: Data Collected and Transcribed

In Step 1, I listed every relevant statement to the experience. For example, when I asked PAR4, "How do you use working alliance or rapport to form a working alliance with patients, and can you give examples?" PAR4 responded:

> I think that building rapport is something that you have to have in order to do the therapy with a client. How I do that with individuals who have domestic violence or substance abuse history just might be little things to just let them know that I'm hearing them, that I'm willing to listen to them to how they got where they are now.

Similarly, PAR5 responded, "I think without [working alliance] you can't have a therapeutic relationship. I use humor a lot, and it helps, so I think it helps people feel more comfortable." I concluded the participants' statements were relevant to the topic and interview question.

Reduction and Elimination

In Step 2, I reduced and eliminated overlapping, repetitive, and vague expressions from the participant interviews. For example, I eliminated overlapping expressions such as “um” and “ah” as well as repeated comments. This process allowed the opportunity to sort and arrange experiences from the transcripts and use relevant statements and quotes. Then, I decided on the elements of the interviews analyzed that represented close affinity to the phenomenon under study to retain and those I should omit before moving on to the next stage of the analysis.

Clustering and Thematizing: Identify Invariant Constituents

In Step 3, I created a cluster of invariant constituents of the experiences that were related into a thematic label. The clustered and labeled constituents are the core themes of the experiences I used as a final identification of the invariant constituents and theme validations. In Step 4, I checked final identification of the invariant constituents and themes against the complete record of the research participants. If not relevant, then it was deleted.

Individual–Textual Descriptions and Textual–Structural Descriptions

For Step 5, I clustered themes into common patterns and categories based on participant responses to the interview questions to create individual–textural descriptions. Based on individual–textural descriptions, I then developed themes with statements to create accurate interpretations, a process referred to as textual–structural descriptions. I then labeled emerging themes and used Microsoft Word to organize the themes and subthemes.

Organize Textual Descriptions

For Step 6, I used verbatim examples from the transcribed interview, a process referred to as individual–textual descriptions based on the lived experience of the participant. Based on the individual–textural descriptions, I then constructed each participant an individual–structural description and then clustered themes and meanings of horizontalized participant statements into common categories and themes. I developed themes with statements to create an accurate interpretation of the participants' lived experiences, a process referred to as organizing textual descriptions. For example, I reflected and analyzed words or repeated occurrences such as *assessment*, *collaboration*, and *rapport* in the transcripts. I only considered such themes when two or more occurrences became evident in the interview transcripts.

Textual–Structural Synthesis

For Step 7, I described in textural language what I saw in the data, repeatedly looking again and describing the lived experiences in relationship between the phenomenon and the self. I clustered common patterns and categories and organized the textual descriptions. At this final stage of the phenomenological analysis process, I integrated the textural and structural descriptions of the participants' lived experiences, a process referred to as textual–structural synthesis, into a unified statement of the experience of the phenomenon as a whole. I created a codebook to generate a profile for participant anonymous codes, code abbreviations, and abbreviated meanings to represent interviewees' responses and initial generating of themes. For example, Figure 1 illustrates

PAR1's profile for participant anonymous codes; PAR2 represents I, Pi, Dv for code abbreviation, and I, Pi, Dv represents abbreviation meanings.

Table 1

Codebook: Profile: Participant Anonymous Code, Code Abbreviation & Meanings

Profile	Code abbreviation	Abbreviation meanings
PAR1	I, Pa	Interviewee response to patient assessment
PAR2	I, Cp	Interviewee response to collaborative rapport
PAR3	I, Al	Interviewee response to active listening

The categories were based on a group of licensed addiction therapists who fit the criteria for participating in this study. I generated themes based on information participants provided from their lived experiences of the phenomenon being studied. I used Microsoft Word to differentiate questions that reflect each interviewee's responses to organize and generate themes. To generate thematic codes, I asked participants interview questions. Examples are included in Table 2.

Table 2

Generating Thematic Codes

Profile	Examples from data	Generating thematic codes
PAR1	MQ: How do you use working alliances (rapport) to form a therapeutic relationship with patients? Can you give examples? PR: One of the things I do is to conduct a comprehensive assessment in order for us to determine really what the patient has experienced, what services are needed.	Assessment

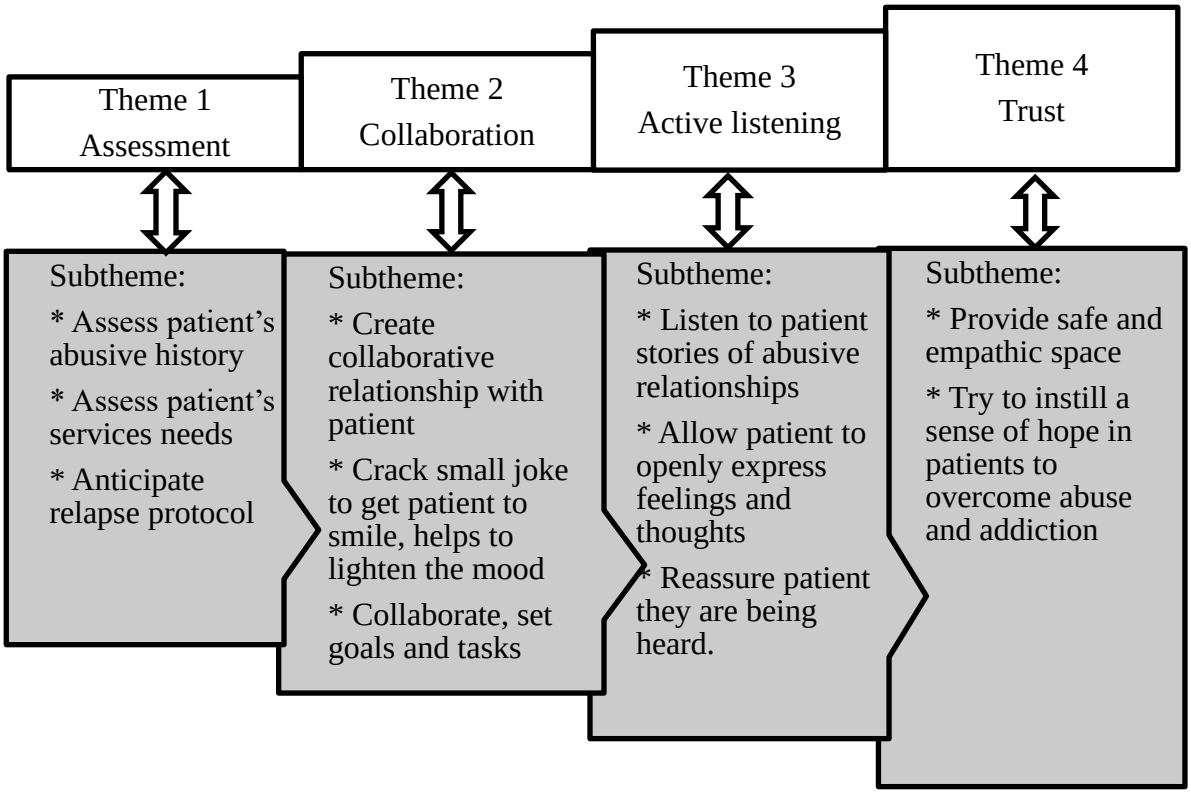
PAR2	MQ: Why do you think it's important to establish a collaborative relationship with patients? PR: It's extremely important, especially with battered women. It's important that you instill hope and help them learn it on their own that they are strong enough to do these things. So, the first thing is to make them feel safe, secure in their environment that they're in with you.	Collaborative rapport
PAR3	MQ: Why do you think it's important to establish a collaborative relationship with patients? PR: So I know for myself, if I were to be meeting with someone and they were just telling me what to do without listening to any input I had, I would not respond well to that.	Active listening

Note. MQ = Moderator question; PR = Participant response.

There were no discrepant cases noted in the analysis. The participants' experiences were considered relevant to the study. I determined main themes when two or more occurrences became evident from all transcribed interviews. After I transcribed the raw data and conducted an analysis, I generated thematic codes. Figure 1 illustrates the results of thematic matrices.

Figure 1

Thematic Matrices



Evidence of Trustworthiness

Credibility

I promoted credibility (internal validity) by using member checking with interview transcripts and following protocols (Moustakas, 1994; Shufutinsky, 2020). Additionally, credibility was promoted with reflexive journaling and obtaining theoretical saturation. I conducted 6 interviews that allowed participants an opportunity to share in-depth descriptions of their lived experiences of working alliances with battered women with substance use disorders (Moustakas, 1994; Shufutinsky, 2020).

Member Checking

I used member checking by offering participants the opportunity to check verbatim transcripts via email. Additionally, member checking included modifying the text to alter identifying data to protect the anonymity of the subjects (Brear, 2019; Thomas, 2017). Member checking allowed the participants the opportunity to verify and improved the accuracy of what I recorded during the Zoom interview (Brear, 2019; Thomas, 2017).

Theoretical Saturation

I achieved theoretical saturation when I heard redundant information. I then made the decision there was no additional relevant data forthcoming by conducting Zoom interviews with additional participants (Rowlands et al., 2015; Saunders et al., 2018). Theoretical saturation enhances the quality of data analysis and offers a reader an accurate interpretation of the data.

Reflexivity Journaling

I used reflexivity journaling to try to control my biases in this research (Dodgson, 2019; Finefter-Rosenbluh, 2017). Reflexivity journaling is often an opportunity for the researcher to control biases through self-reflection (Lemon & Hayes, 2020; Shufutinsky, 2020). The findings reflect the influence I exerted, whether intentionally or unintentionally, is reflective in this transcendental phenomenological research (Amin et al., 2020; Karagiozis, 2018).

Transferability

I promoted transferability (external validity) by encouraging the participants to provide information-rich descriptions of lived experiences. For this dissertation, the participant experiences included working alliances with battered women with a substance use disorder (Amin, et al., 2020; Cypress, 2017; Lemon & Hayes, 2020; Thomas, 2017). The transferability of the results for this study are not generalized beyond the sample size and so a reader can substantiate the interpretations (Amin et al., 2020; Lemon & Hayes, 2020).

Dependability

I promoted dependability by offering readers a means to replicate the methods and protocols I used in the research process. Additionally, dependability offer the reader an opportunity to substantiate my findings in this study (Cypress, 2017; Houghton et al., 2013). Dependability included a review of transcribed material so others can replicate the methodology I used.

Confirmability

I promoted confirmability by including member checking. The member checking was consistent with a modified version of the van Kaam data analysis method, a process Husserl refers to as reflection (Moustakas, 1994; Oliver et al., 2005). Additionally, confirmability included reflexivity journaling to help control my biases through self-reflection (Lemon & Hayes, 2020; Shufutinsky, 2020).

Results

The research question used to guide this dissertation was: What are the lived experiences of addiction therapists used to form working alliances with patients? Addiction therapists who establish a collaborative relationship with patients are often in a unique position to form working alliances with patients with a history of trauma. In addition, the study found therapists provided a safe environment for patients to talk about abusive relationships and trauma were more likely to provide the type of unique individualized services and treatment plans for battered women seeking services with a substance use disorder. Additionally, the results of the study revealed four major themes of assessment, collaborative rapport, active listening, and trust. I only considered such themes when two or more occurrences became evident after reviewing the raw data.

Assessment

The results of the study revealed an emerging theme of assessment. For example, when asked, “Why do you think it’s important to establish a collaborative relationship with patients PAR2 responded, “One of the first ways to build rapport with them usually happens when they come in for an assessment, be it a comprehensive assessment or the intake assessment, like for an outpatient treatment facility.” So in the assessment, I will ask them to tell a little about their childhood and any traumatic events that happened to you. And usually it just starts a waterfall at that point and they open up and talk to you.”

Collaborative Rapport

The study results revealed an emerging theme of collaborative rapport. For example, when asked, “How do you use working alliance or rapport to form a therapeutic

relationship with patients and can you give examples? PAR4 responded, “I think that building rapport is something that you have to in order to do the therapy with the client.” Similarly, PAR6 stated, “I find that if you can build rapport at the initial level it becomes easier for the person to open up when it’s time to talk about trauma.”

Active Listening

Results of the study revealed an emerging theme of active listening. For example, when asked, “How do you use working alliance or rapport to form a therapeutic relationship with patients and can you give examples? PAR5 stated, “With individuals who have domestic violence or substance abuse history it might just be little things to just let them know that I’m hearing them, that I’m willing to listen to how they got to where they are now.”

Trust

The study results revealed an emerging theme of trust. For example, when asked, “How do you use working alliance or rapport to form a therapeutic relationship with patients and can you give examples? PAR3 stated, “If they do not feel like they can trust you or feel like they can have a safe space, then you are not going to get far with them.” A visual pictorial of the four major themes of assessment, collaborative rapport, active listening, and trust emerged from the results of the data collected for this dissertation illustrated in Figure 2.

Figure 2

Pictorial of Major Themes: Assessment, Collaborative Rapport, Active Listening, Trust

Summary

This dissertation was guided by the following research question: What is the lived experiences of addiction therapists used to form working alliances with patients? After collecting, transcribing, and studying the raw data, the answer to the research question revealed four emerging themes of assessment, collaborative rapport, active listening, and trust which play a vital role for therapists to form working alliances in psychotherapy in this dissertation. An integration of the key elements is essential to providing needed services for many battered women with substance use disorders. There were no discrepant cases noted in the analysis for this dissertation. Next, Chapter 5 consists of the

introduction, interpretation of the findings, limitations of the study, recommendations, implications, and conclusion for this dissertation.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

The purpose of the study was to explore the lived experiences of addiction therapists' working alliances with battered women with substance use disorders. The nature of this transcendental phenomenological design offered a systemic way of accomplishing research, answering the research question, and obtaining in-depth information rich sources (Moustakas, 1994; Neubauer et al., 2019; Nienhuis et al., 2018). Additionally, the study was conducted to fill a gap in the literature, add to existing knowledge, and offer addiction therapists an additional tool to help improve patient outcomes.

Interpretation of the Findings

This study offers new research findings regarding the lived experiences of the phenomenon under study. Addiction therapists often rely on a skill set of assessment, collaborative rapport, active listening to the abusive histories of patients, and creating an environment of mutual respect and trust for women to express their feelings and thoughts. The findings of this study support that collaboration is a major attributor toward the completion of a treatment program for many patients in psychotherapy (Easton et al., 2018; Fisher et al., 2017; Fuertes et al., 2017; Marchand et al., 2019). In addition, the findings support that establishing trust is a major component in psychotherapy and working toward lifestyle changes (Shafran et al., 2017; von Greiff & Skogens, 2019).

My research was grounded in the transcendental phenomenology theory and the working alliance theory, which are valuable for generating new knowledge and pointing

to new research directions (Bordin, 1979; Moustakas, 1994). Both theories offered a scientific methodology to advance knowledge by conducting a study of lived experiences of addiction therapists who collaborate with patients seeking therapeutic service. In addition, phenomenological research can help people learn from the experiences of others (Moustakas, 1994; Neubauer et al., 2019). The key findings of the study indicate the unique role addiction therapists, social workers, and other healthcare professionals play in assessment, collaborative rapport, active listening, and establishing trust of battered women with substance use disorders seeking therapeutic services.

Limitations of the Study

The limitations associated with this study indicate the unique design and methodology I used are not transferable. Notable limitations include unknown biases of the research subjects as well as conscious and unknown conscious biases of the researcher. To control my biases, I used reflexivity journaling, employed semistructured interviews, and created the interview questions to help the respondents for this transcendental phenomenological study.

Recommendations

The limited scope of this transcendental phenomenological study presented an in-depth view of the lived experiences of addiction therapists' working alliances with battered women with substance use disorders. Future researchers could conduct a quantitative study to assess the outcomes of alliance-based therapies with alcohol and drug addiction. Additionally, future researchers could conduct a study with the focus on

the lived experiences of children and child–adult relations for clients receiving psychotherapy.

Implications

The study findings can effect positive social change by adapting policies and influencing decision makers to improve programming and to help underwrite social policy programs to help vulnerable populations in society. The findings show four emerging themes—assessment, collaborative rapport, active listening, and trust—that can benefit therapists working outside of addiction, such as in psychiatry and marital and relationship therapy. Additionally, my dissertation findings can provide therapists with new empirical data and are a suitable starting point for future searchers to generate a new qualitative investigation (Moustakas, 1994; Neubauer et al., 2019; Sadala & Adorno, 2002). In the literature review, I described working alliance, which often includes a collaborative dyad relationship of assessing patient needs, rapport, and building trust as essential components to achieve successful treatment outcomes (Altena, et al., 2017; Vîslă et al., 2018; von Grieff & Skogens, 2019; Zilcha-Mano et al., 2018). Similarly, my study findings yield robust patient engagement and improved therapeutic outcomes in ways which the emerging themes of assessment, collaborative rapport, active listening, and trust relate to having a positive therapist–patient alliance established in psychotherapy.

Conclusion

In the United States, domestic violence and substance use disorders are serious healthcare crises with physical, psychological, and economic consequences for many

women (Adams et al., 2021; Bacchus et al., 2018; Sullivan, 2018). Inequalities in gender-specific healthcare must be continuously addressed rigorously to highlight the unmet needs of patients seeking therapeutic services (Goicolea et al., 2019; Meyer et al., 2019; Robbins & Cook, 2018; Sherman et al., 2017). This transcendental phenomenological study gathered data from participants lived experiences, and analysis of the data led to the identification of themes—(a) assessment, (b) collaborative rapport, (c) active listening, and (d) trust—that contribute to working alliances in psychotherapy. Domestic violence and substance abuse are at the forefront of social science research, and there is a need for battered women to have culturally specific healthcare and resources. Many addiction therapists are equipped with the technology and skill set to help patients with behavioral change and to transfer learned coping skills in psychotherapy to relationships outside of therapy (Nienhuis et al., 2018; Shafran et al., 2017; von Greiff & Skogens, 2019).

References

Adams, E. N., Clark, H. M., Galano, M. M., Stein, S. F., Grogan-Kaylor, A., & Graham-Bermann, S. (2021). Predictors of housing instability in women who have experienced intimate partner violence. *Journal of Interpersonal Violence, 36*(7–8), 3459–3481. https://doi.org/10.1177/0886260518777001

Agar, M., & Reisinger, H. S. (2002). A heroin epidemic at the intersection of histories: The 1960s epidemic among African Americans in Baltimore. *Medical Anthropology, 21*(2), 115–156. https://doi.org/10.1080/01459740212904

Ali, P., & McGarry, J. (2018). Supporting people who experience intimate partner violence. *Nursing Standard, 32*(24), 54–63. https://doi.org/10.7748/ns.2018.e10641

Allen, M. L., Le Cook, B., Carson, N., Interian, A., La Roche, M., & Alegria, M. (2017). Patient-provider therapeutic alliance contributes to patient activation in community mental health clinics. *Administration and Policy in Mental Health and Mental Health Services Research, 44*(4), 431–440. https://doi.org/10.1007/s10488-015-0655-8

Almiş, B. H., Gümüştaş, F., & Kütük, E. K. (2020). Effects of domestic violence against women on mental health of women and children. *Psikiyatride Güncel Yaklaşımlar, 12*(2), 232–242. https://doi.org/10.18863/pgy.567635

Alsan, M., Wanamaker, M., & Hardeman, R. R. (2020). The Tuskegee study of untreated syphilis: A case study in peripheral trauma with implications for health professionals. *Journal of General Internal Medicine, 35*(1), 322–325.

https://doi.org/10.1007/s11606-019-05309-8

Altena, A. M., Krabbenborg, M. A., Boersma, S. N., Beijersbergen, M. D., van den Berg, Y. H., Vollebergh, W. A., & Wolf, J. R. (2017). The working alliance between homeless young adults and workers: A dyadic approach. *Children and Youth Services Review, 73,* 368–374. https://doi.org/10.1016/j.childyouth.2017.01.015

Amin, M. E. K., Nørgaard, L. S., Cavaco, A. M., Witry, M. J., Hillman, L., Cernasev, A., & Desselle, S. P. (2020). Establishing trustworthiness and authenticity in qualitative pharmacy research. *Research in Social & Administrative Pharmacy, 16*(10) 1472–1482. https://doi.org/10.1016/j.sapharm.2020.02.005

Anderson, R. E., Hruska, B., Boros, A. P., Richardson, C. J., & Delahanty, D. L. (2018). Patterns of co-occurring addictions, posttraumatic stress disorder, and major depressive disorder in detoxification treatment seekers: Implications for improving detoxification treatment outcomes. *Journal of Substance Abuse Treatment, 86,* 45–51. https://doi.org/10.1016/j.jsat.2017.12.009

Andersson, H. W., Wenaas, M., & Nordfjærn, T. (2019). Relapse after inpatient substance use treatment: A prospective cohort study among users of illicit substances. *Addictive Behaviors, 90,* 222–228. https://doi.org/10.1016/j.addbeh.2018.11.008

Ayangbayi, T., Okunade, A., Karakus, M., & Nianogo, T. (2017). Characteristics of hospital emergency room visits for mental and substance use disorders. *Psychiatric Services, 68*(4), 408–410. https://doi.org/10.1176/appi.ps.201600125

Bacchus, L. J., Ranganathan, M., Watts, C., & Devries, K. (2018). Recent intimate

partner violence against women and health: A systematic review and meta-analysis of cohort studies. *BMJ Open, 8*(7). https://doi.org/10.1136/bmjopen-2017-019995

Baier, A. L., Kline, A. C., & Feeny, N. C. (2020). Therapeutic alliance as a mediator of change: A systematic review and evaluation of research. *Clinical Psychology Review, 82,* 1–14. https://doi.org/10.1016/j.cpr.2020.101921

Barringer, A., Hunter, B. A., Salina, D. D., & Jason, L. A. (2017). Empowerment and social support: Implications for practice and programming among minority women with substance abuse and criminal justice histories. *Journal of Behavioral Health Services & Research, 44*(1), 75–88. https://doi.org/10.1007/s11414-016-9499-6

Batt, S. (2018). Revisiting New Zealand's "unfortunate experiment": Is medical ethics ever a thing done? *Indian Journal of Medical Ethics, 3*(2), 014–0507. https://doi.org/10.20529/ijme.2017.101

Belotto, M. J. (2018). Data analysis methods for qualitative research: Managing the challenges of coding, interrater reliability, and thematic analysis. *Qualitative Report, 23*(11), 2622–2633. https://doi.org/10.46743/2160-3715/2018.3492

Ben David-Sela, T., Dolev-Amit, T., Eubanks, C. F., & Zilcha-Mano, S. (2020). Achieving successful resolution of alliance ruptures: For whom and when? *Psychotherapy Research, 31*(7), 870–881. https://doi.org/10.1080/10503307.2020.1862432

Bender, A. K. (2017). Ethics, methods, and measures in intimate partner violence

research: The current state of the field. *Violence Against Women, 23*(11), 1382–1413. https://doi.org/10.1177/1077801216658977

Ben-Porat, A. (2020). Patterns of service utilization among women who are victims of domestic violence: The contribution of cultural background, characteristics of violence, and psychological distress. *Journal of Interpersonal Violence, 35*(17/18), 3167–3187.

Bhatia, A., & Gelso, C. J. (2018). Therapists' perspective on the therapeutic relationship: Examining a tripartite model. *Counselling Psychology Quarterly, 31*(3), 271–293.

Blakey, J. M., & Grocher, K. B. (2020). "Keeping it real": The relational effects of trauma among African American women and their substance abuse treatment counselors. *Journal of Interpersonal Violence, 35*(17/18), 3405–3436.

Board of Professional Counselors and Therapists. (BOPC). (2020). Annual reports. Retrieved from https://health.maryland.gov/bopc/pdfs/bopct20areport.pdf

Bordin, E. S. (1979). The generalizability of the psychoanalytic concept of the working alliance. *Psychotherapy: Theory, Research & Practice, 16*(3), 252.

Borell, B., Moewaka Barnes, H., & McCreanor, T. (2018). Conceptualizing historical privilege: The flip side of historical trauma: A brief examination. *AlterNative: An International Journal of Indigenous Peoples, 14*(1), 25-34.

Bradshaw, C., Atkinson, S., & Doody, O. (2017). Employing a qualitative description approach in health care research. *Global Qualitative Nursing Research, 4*, 1-8.

Brear, M. (2019). Process and outcomes of a recursive, dialogic member checking approach: A project ethnography. *Qualitative Health Research, 29*(7), 944–957.

Brend, D. M., Krane, J., & Saunders, S. (2020). Exposure to trauma in intimate partner violence human service work: A scoping review. *Traumatology, 26*(1), 127–136.

Bureau of Labor Statistics (2020). U.S. Department of Labor, Occupational Outlook Handbook: Substance abuse, behavioral disorder, and mental health counselors. Retrieved from https://www.bls.gov/ooh/community-and-social-service/substance-abuse-behavioral-disorder-and-mental-health-counselors.htm

Cafferky, B. M., Mendez, M., Anderson, J. R., & Stith, S. M. (2018). Substance use and intimate partner violence: A meta-analytic review. *Psychology of Violence, 8*(1), 110–131.

Castonguay, L. G., Constantino, M. J., & Holtforth, M. G. (2006). The working alliance: Where are we and where should we go? *Psychotherapy, 43*(3), 271–279.

Chen, R., Atzil-Slonim, D., Bar-Kalifa, E., Hasson-Ohayon, I., & Refaeli, E. (2018). Therapists' recognition of alliance ruptures as a moderator of change in alliance and symptoms. *Psychotherapy Research, 28*(4), 560–570.

Clark, J. J., & Walker, R. (2011). Research ethics in victimization studies: Widening the lens. *Violence Against Women, 17*(12), 1489–1508. https://doi.org/10.1177/1077801211436167

Connell, J., Carlton, J., Grundy, A., Buck, E. T., Keetharuth, A. D., Ricketts, T., Barkham, M., Robotham, D., Rose, D., & Brazier, J. (2018). The importance of content and face validity in instrument development: lessons learnt from service users when developing the recovering quality of life measure (REQOL). Quality of Life Research, 27(7), 1893–1902. https://doi.org/10.1007/s11136-018-1847-y

Copp, J. E., Giordano, P. C., Longmore, M. A., & Manning, W. D. (2019). The development of attitudes toward intimate partner violence: An examination of key correlates among a sample of young adults. *Journal of Interpersonal Violence, 34*(7), 1357–1387.

Cordovilla-Guardia, S., Fernández-Mondéjar, E., Vilar-López, R., Navas, J. F., Portillo-Santamaría, M., Rico-Martín, S., & Lardelli-Claret, P. (2017). Effect of a brief intervention for alcohol and illicit drug use on trauma recidivism in a cohort of trauma patients. *PLOS ONE, 12*(8).

Coupé, C., & Ollagnier-Beldame, M. (2022). Toward a phenomenology of taking care. *International Journal of Qualitative Studies on Health and Well-being, 17*(1), https://doi.org/10.1080/17482631.2022.2045671

Crane, C. A., & Easton, C. J. (2017). Physical health conditions and intimate partner violence perpetration among offenders with alcohol use diagnoses. *Journal of Interpersonal Violence, 32*(11), 1678-1691.

Cross, D., Vance, L. A., Kim, Y. J., Ruchard, A. L., Fox, N., Jovanovic, T., & Bradley, B. (2018). Trauma exposure, PTSD, and parenting in a community sample of low-income, predominantly African American mothers and children. *Psychological Trauma: Theory, Research, Practice and Policy, 10*(3), 327–335.

Cypress, B. S. (2017). Rigor or reliability and validity in qualitative research: Perspectives, strategies, reconceptualization, and recommendations. *Dimensions of Critical Care Nursing, 36*(4), 253–263.

de Greef, M., Pijnenburg, H., van Hattum, M., McLeod, B., & Scholte, R. (2017). Parent-

professional alliance and outcomes of child, parent, and family treatment: A systematic review. *Journal of Child & Family Studies, 26*(4), 961–976.

Dickinson, O. (2017). The will to believe: Why Homer cannot be true in any meaningful sense. *Archaeology and Homeric Epic*, 10-19.

Dodgson, J. E. (2019). Reflexivity in qualitative research. *Journal of Human Lactation: Official Journal of International Lactation Consultant Association, 35*(2), 220–222.

Doyle, E., & Buckley, P. (2017). Embracing qualitative research: a visual model for nuanced research ethics oversight. *Qualitative Research, 17*(1), 95–117.

Ducharme, J., & Moore, S. (2019). Opioid use disorder assessment tools and drug screening. *Missouri Medicine, 116*(4), 318–324.

Easton, C. J., Crane, C. A., & Mandel, D. (2018). A randomized controlled trial assessing the efficacy of cognitive behavioral therapy for substance-dependent domestic violence offenders: An integrated substance abuse-domestic violence treatment approach (SADV). *Journal of Marital and Family Therapy, 44*(3), 483–498. https://doi.org/10.1111/jmft.12260

Ellis, A. E., Simiola, V., Brown, L., Courtois, C., & Cook, J. M. (2018). The role of evidence-based therapy relationships on treatment outcome for adults with trauma: A systematic review. *Journal of Trauma & Dissociation: The Official Journal of the International Society for the Study of Dissociation (ISSD), 19*(2), 185–213.

Emanuel, G. A. (2017). Alfred Schutz on phenomenological psychology and

transcendental phenomenology. *Journal of Phenomenological Psychology, 48*(2), 214–239.

Emerson, R. W. (2015). Convenience sampling, random sampling, and snowball sampling: How does sampling affect the validity of research? *Journal of Visual Impairment & Blindness, 109*(2), 164-168.

Errázuriz, P., & Zilcha-Mano, S. (2018). In psychotherapy with severe patients discouraging news may be worse than no news: The impact of providing feedback to therapists on psychotherapy outcome, session attendance, and the alliance. *Journal of Consulting and Clinical Psychology, 86*(2), 125–139.

Etikan, I., & Bala, K. (2017). Sampling and sampling methods. Biometrics & *Biostatistics International Journal, 5*(6), 1-5.

Eubanks, C. F., Burckell, L. A., & Goldfried, M. R. (2018). Clinical consensus strategies to repair ruptures in the therapeutic alliance. *Journal of Psychotherapy Integration, 28*(1), 60–76.

Evans, E. A., Grella, C. E., Washington, D. L., & Upchurch, D. M. (2017). Gender and race/ethnic differences in the persistence of alcohol, drug, and poly-substance use disorders. *Drug and Alcohol Dependence, 174,* 128–136.

Fansher, A. K., & Zedaker, S. B. (2020). The relationship between rape myth acceptance and sexual behaviors. *Journal of Interpersonal Violence, 37*(1-2), 903-924.

Farrugia, L. (2019). WASP (Write a Scientific Paper): The ongoing process of ethical decision-making in qualitative research: Ethical principles and their application to the research process. *Early Human Development, 133,* 48–51.

Fernández-Montalvo, J., Arteaga, A., & López-Goñi, J. J. (2019). Treatment effectiveness of intimate partner violence perpetration among patients in a drug addiction program. *Psychology of Violence*, *9*(2), 156–166.

Finefter-Rosenbluh, I. (2017). Incorporating perspective taking in reflexivity: A method to enhance insider qualitative research processes. *International Journal of Qualitative Methods, 16,* 1-11.

Fisher, D. G., Reynolds, G. L., D'Anna, L. H., Hosmer, D. W., & Hardan-Khalil, K. (2017). Failure to get into substance abuse treatment. *Journal of Substance Abuse Treatment, 73,* 55–62.

Fisher, E. M., & Stylianou, A. M. (2019). To stay or to leave: Factors influencing victims' decisions to stay or leave a domestic violence emergency shelter. *Journal of Interpersonal Violence, 34*(4), 785-811.

Fleming, C. E., & Resick, P. A. (2017). Help-seeking behavior in survivors of intimate partner violence: Toward an integrated behavioral model of individual factors. *Violence and Victims*, *32*(2), 195-209. http://dx.doi.org/10.1891/0886-6708.VV-D-15-00065

Flückiger, C., Del Re, A. C., Wampold, B. E., & Horvath, A. O. (2018). The alliance in adult psychotherapy: A meta-analytic synthesis. *Psychotherapy, 55*(4), 316–340.

Foreman, T. (2018). Wellness, exposure to trauma, and vicarious traumatization: A pilot study. *Journal of Mental Health Counseling*, *40*(2), 142-155.

Fuertes, J. N., Toporovsky, A., Reyes, M., & Osborne, J. B. (2017). The physician-patient working alliance: Theory, research, and future possibilities. *Patient*

Education and Counseling, 100(4), 610-615.

Garfin D. R. (2020). Technology as a coping tool during the coronavirus disease 2019 (COVID-19) pandemic: Implications and recommendations. Stress and Health. *Journal of the International Society for the Investigation of Stress, 36*(4), 555–559. https://doi.org/10.1002/smi.2975

Gelso, C., J., Kline, K., V. (2019). The sister concepts of the working alliance and the real relationship: on their development, rupture, and repair. *Research in Psychotherapy, 22*(2), 142-149. https://doi.org/10.4081/ripppo.2019.373

Gersh, E., Hulbert, C. A., McKechnie, B., Ramadan, R., Worotniuk, T., & Chanen, A. M. (2017). Alliance rupture and repair processes and therapeutic change in youth with borderline personality disorder. *Psychology and Psychotherapy, 90*(1), 84–104.

Ghaljaie, F., Naderifar, M., & Goli, H. (2017). Snowball sampling: A purposeful method of sampling in qualitative research. *Strides in Development of Medical Education, 14*(3), 1-4.

Gidhagen, Y., Holmqvist, R., Philips, B., & Falkenström, F. (2021). The role of the working alliance in psychological treatment of substance use disorder outpatients. *Psychotherapy Research, 31*(5), 557–572. https://doi.org/10.1080/10503307.2020.1807639

Glover, L. M., Sims, M., & Winters, K. (2017). Perceived discrimination and reported trust and satisfaction with providers in African Americans: The Jackson Heart Study. *Ethnicity & Disease, 27*(3), 209–216.

Goicolea, I., Marchal, B., Hurtig, A. K., Vives-Cases, C., Briones-Vozmediano, E., & San Sebastián, M. (2019). Why do certain primary health care teams respond better to intimate partner violence than others? A multiple case study. *Gaceta Sanitaria, 33,* 169-176. https://doi.org/10.1016/j.gaceta.2017.10.005

Gonzales, R., Mooney, L., & Rawson, R. A. (2010). The methamphetamine problem in the United States. *Annual Review of Public Health, 31,* 385-398. https://doi.org/10.1146/annurev.publhealth.012809.103600

Gray, K. M., & Squeglia, L. M. (2018). Research review: What have we learned about adolescent substance use? *Journal of Child Psychology and Psychiatry, 59*(6), 618.

Greenson, R. R. (2008). The working alliance and the transference neurosis, 1965. The *Psychoanalytic Quarterly, 77*(1), 77–102. https://doi.org/10.1002/j.2167-4086.2008.tb00334.x

Gregory, A. C., Williamson, E., & Feder, G. (2017). The impact on informal supporters of domestic violence survivors: A systematic literature review. *Trauma Violence & Abuse, 18*(5), 562–580.

Groenewald, A. (2018). "Trauma is suffering that remains." The contribution of trauma studies to prophetic studies. *Acta Theologica, 38,* 88–102.

Grundy, A., Keetharuth, A. D., Barber, R., Carlton, J., Connell, J., Buck, E. T., ... & Brazier, J. (2019). Public involvement in health outcomes research: Lessons learnt from the development of the recovering quality of life (REQOL) measures. *Health and Quality of Life Outcomes, 17*(1), 1-10. https://doi.org/10.1186/s12955-

019-1123-z

Hakimi, D., Bryant-Davis, T., Ullman, S. E., & Gobin, R. L. (2018). Relationship between negative social reactions to sexual assault disclosure and mental health outcomes of Black and White female survivors. *Psychological Trauma: Theory, Research, Practice & Policy, 10*(3), 270–275. https://doi.org/10.1037/tra0000245

Hassan, A. N., Le Foll, B., Imtiaz, S., & Rehm, J. (2017). The effect of post-traumatic stress disorder on the risk of developing prescription opioid use disorder: Results from the national epidemiologic survey on alcohol and related conditions III. *Drug and Alcohol Dependence, 179,* 260–266.

Hernandez, A., Branscum, A. J., Li, J., MacKinnon, N. J., Hincapie, A. L., & Cuadros, D. F. (2020). Epidemiological and geospatial profile of the prescription opioid crisis in Ohio, United States. *Scientific Reports, 10*(1), 1-10. https://doi.org/10.1038/s41598-020-61281-y

Heynen, E., Roest, J., Willemars, G., & van Hooren, S. (2017). Therapeutic alliance is a factor of change in arts therapies and psychomotor therapy with adults who have mental health problems. *Arts in Psychotherapy, 55,* 111–115. https://doi.org/10.1016/j.aip.2017.05.006

Horvath, A. O. (2018). Research on the alliance: Knowledge in search of a theory. *Psychotherapy Research, 28*(4), 499-516.

Houghton, C., Casey, D., Shaw, D., & Murphy, K. (2013). Rigour in qualitative case-study research. *Nurse Researcher, 20*(4), 12–17.

Hunt, P., Hunter, S. B., & Levan, D. (2017). Continuous quality improvement in

substance abuse treatment facilities: How much does it cost? *Journal of Substance Abuse Treatment, 77,* 133–140.

Irving, L., & Liu, B. C. (2020). Beaten into submissiveness? An investigation into the protective strategies used by survivors of domestic abuse. *Journal of Interpersonal Violence, 35*(1–2), 294–318.

Ivanov, D., & Dolgui, A. (2021). OR-methods for coping with the ripple effect in supply chains during COVID-19 pandemic: Managerial insights and research implications. *International Journal of Production Economics, 232,* 107921. https://doi.org/10.1016/j.ijpe.2020.107921

Jaiswal, J. (2019). Whose responsibility is it to dismantle medical mistrust? Future directions for researchers and health care providers. *Behavioral Medicine, 45*(2), 188–196.

Jennings, W. G., Okeem, C., Piquero, A. R., Sellers, C. S., Theobald, D., & Farrington, D. P. (2017). Dating and intimate partner violence among young persons ages 15–30: Evidence from a systematic review. *Aggression and Violent Behavior, 33,* 107-125.

Jiang, S., Wu, L., & Gao, X. (2017). Beyond face-to-face individual counseling: A systematic review on alternative modes of motivational interviewing in substance abuse treatment and prevention. *Addictive Behaviors, 73,* 216-235.

Jones, C. M., & McCance-Katz, E. F. (2019). Co-occurring substance use and mental disorders among adults with opioid use disorder. *Drug and Alcohol Dependence, 197,* 78–82.

Jonker, I. E., Lako, D. A. M., Beijersbergen, M. D., Sijbrandij, M., van Hemert, A. M., & Wolf, J. R. L. M. (2019). Factors related to depression and post-traumatic stress disorder in shelter-based abused women. *Violence Against Women, 25*(4), 401–420.

Jordan, C. J., & Andersen, S. L. (2017). Sensitive periods of substance abuse: Early risk for the transition to dependence. *Developmental Cognitive Neuroscience, 25,* 29-44.

Jouriles, E. N., Vu, N. L., Rosenfield, D., McFarlane, J., Maddoux, J., Symes, L., Fredland, N., & Paulson, R. (2018). Mothers' posttraumatic stress and child adjustment problems in families seeking services for intimate partner violence. *Journal of Consulting & Clinical Psychology*, *86*(7), 604–614. https://doi.org/10.1037/ccp0000318

Karagiozis, N. (2018). The complexities of the researcher's role in qualitative research: The power of reflexivity. *International Journal of Interdisciplinary Educational Studies*, *13*(1), 19–31.

Kay-Lambkin, F., Baker, A., Palazzi, K., Lewin, T., & Kelly, B. (2017). Therapeutic alliance, client need for approval, and perfectionism as differential moderators of response to health and traditionally delivered treatments for comorbid depression and substance use problems. *International Journal of Behavioral Medicine*, *24*(5), 728–739.

Keire, M. L. (1998). Dope fiends and degenerates: The gendering of addiction in the early twentieth century. *Journal of Social History, 31*(4), 809-822.

https://doi.org/10.1353/jsh/31.4.809

Kivlighan, D. M., Jr., Lo Coco, G., Oieni, V., Gullo, S., Pazzagli, C., & Mazzeschi, C. (2017). All bonds are not the same: A response surface analysis of the perceptions of positive bonding relationships in therapy groups. *Group Dynamics-Theory Research and Practice, 21*(3), 159–177. https://doi.org/10.1037/gdn0000071

Krishnan, L., Ogunwole, S. M., & Cooper, L. A. (2020). Historical insights on coronavirus disease 2019 (covid-19), the 1918 influenza pandemic, and racial disparities: Illuminating a path forward. *Annals of Internal Medicine, 173*(6), 474–481.

Lange, A. M. C., van der Rijken, R. E. A., Delsing, M. J. M. H., Busschbach, J. J. V., van Horn, J. E., & Scholte, R. H. J. (2017). Alliance and adherence in a systemic therapy. *Child and Adolescent Mental Health, 22*(3), 148–154.

Larsson, M. H., Falkenström, F., Andersson, G., & Holmqvist, R. (2018). Alliance ruptures and repairs in psychotherapy in primary care. *Psychotherapy Research, 28*(1), 123-136.

Lee, M. J., Reddy, K., Chowdhury, J., Kumar, N., Clark, P. A., Ndao, P., ... & Song, S. (2018). Overcoming the legacy of mistrust: African Americans' mistrust of medical profession. *Journal of Heal Ethics Administration, 4*(1), 1-25.

Leite, R. O., & Peluso, P. (2018). The effects of racial and ethnic differences or similarities on the therapeutic alliance. *FAU Undergraduate Research Journal, 7,* 46-46.

Lemon, L. L., & Hayes, J. (2020). Enhancing trustworthiness of qualitative findings:

Using leximancer for qualitative data analysis triangulation. *Qualitative Report, 25*(3), 604-614. https://nsuworks.nova.edu/tqr/vol25/iss3/3

Lewis, M. L. (2017). Rural healthcare access for Hispanics in the United States: Barriers and possible solutions. *Sincronía, 71,* 297-311.

Liao, H., & Hitchcock, J. (2018). Reported credibility techniques in higher education evaluation studies that use qualitative methods: A research synthesis. *Evaluation and Program Planning, 68,* 157–165.

Lindberg, M. A., & Zeid, D. (2017). Interactive pathways to substance abuse. *Addictive Behaviors, 66,* 76–82.

Locke J., Violante, S., Pullmann, M. D., Kerns, S.E., Jungbluth, N., & Dorsey, S. (2018). Agreement and discrepancy between supervisor and clinician alliance: Associations with clinicians' perceptions of psychological climate and emotional exhaustion. *Administration and Policy in Mental Health and Mental Health Services Research, 45*(3), 505-517.

Lo Coco, G., Tasca, G. A., Hewitt, P. L., Mikail, S. F., & Kivlighan, D. M. (2019). Ruptures and repairs of group therapy alliance. An untold story in psychotherapy research. *Research in Psychotherapy, 22*(1), 58-70. https://doi.org/10.4081/ripppo.2019.352

McCarty, K. N., Morris, D. H., Hatz, L. E., & McCarthy, D. M. (2017). Differential associations of UPPS-P impulsivity traits with alcohol problems. *Journal of Studies on Alcohol and Drugs, 78*(4), 617-622. https://doi: 10.15288/jsad.2017.78.617

McConnell-Henry, T., Chapman, Y., & Francis, K. (2009). Husserl and Heidegger: Exploring the disparity. *International Journal of Nursing Practice, 15*(1), 7–15.

McFarlane, J., Fredland, N., Symes, L., Zhou, W., Jouriles, E., Dutton, M., & Greeley, C. (2017). The intergenerational impact of intimate partner violence against mothers on child functioning over four years. *Journal of Family Violence, 32*(7), 645–655. https://doi.org/10.1007/s10896-017-9913-8

McGirr, S. A., & Sullivan, C. M. (2017). Critical consciousness raising as an element of empowering practice with survivors of domestic violence. *Journal of Social Service Research, 43*(2), 156-168.

Machisa, M. T., Christofides, N., & Jewkes, R. (2017). Mental ill health in structural pathways to women's experiences of intimate partner violence. *PLOS ONE, 12*(4), e0175240.

McHugh, R. K., Votaw, V. R., Sugarman, D. E., & Greenfield, S. F. (2018). Sex and gender differences in substance use disorders. *Clinical Psychology Review, 66,* 12–23.

Magruder, K. M., McLaughlin, K. A., & Elmore Borbon, D. L. (2017). Trauma is a public health issue. *European Journal of Psychotraumatology, 8*(1), 1-10.

Maniccia, D. M., & Leone, J. M. (2019). Theoretical framework and protocol for the evaluation of Strong Through Every Mile (STEM), a structured running program for survivors of intimate partner violence. *BMC Public Health, 19*(1), N.PAG.

Manuel, J. I., Yuan, Y., Herman, D. B., Svikis, D. S., Nichols, O., Palmer, E., & Deren, S. (2017). Barriers and facilitators to successful transition from long-term

residential substance abuse treatment. *Journal of Substance Abuse Treatment, 74,* 16–22.

Marchand, K., Beaumont, S., Westfall, J., MacDonald, S., Harrison, S., Marsh, D. C., Schechter, M. T., & Oviedo-Joekes, E. (2019). Conceptualizing patient-centered care for substance use disorder treatment: Findings from a systematic scoping review. *Substance Abuse Treatment, Prevention, and Policy,* 14.

Marshall, C., & Rossman, G. B. (2016). Designing qualitative research (6th ed.). Sage Publications.

Martinez, T., Wiersma-Mosley, J. D., Jozkowski, K. N., & Becnel, J. (2018). "Good guys don't rape": Greek and non-Greek college student perpetrator rape myths. *Behavioral Sciences, 8*(7), 1-10.

Mason-Bish, H. (2019). The elite delusion: Reflexivity, identity and positionality in qualitative research. *Qualitative Research, 19*(3), 263–276.

Mathew, S. S., Barwell, J., Khan, N., Lynch, E., Parker, M., & Qureshi, N. (2017). Inclusion of diverse populations in genomic research and health services: Genomix workshop report. *Journal of Community Genetics, 8*(4), 267–273. https://doi.org/10.1007/s12687-017-0317-5

Matsuzaki, M., Vu, Q. M., Gwadz, M., Delaney, J. A. C., Kuo, I., Trejo, M. E. P., Cunningham, W. E., Cunningham, C. O., & Christopoulos, K. (2018). Perceived access and barriers to care among illicit drug users and hazardous drinkers: Findings from the seek, test, treat, and retain data harmonization initiative (STTR). *BMC Public Health,* 18.

Mays, V. M., Jones, A., Delany-Brumsey, A., Coles, C., & Cochran, S. D. (2017). Perceived discrimination in healthcare and mental health/substance abuse treatment among blacks, latinos, and whites. *Medical Care, 55*(2), 173.

Meyer, J. P., Isaacs, K., El-Shahawy, O., Burlew, A. K., & Wechsberg, W. (2019). Research on women with substance use disorders: Reviewing progress and developing a research and implementation roadmap. *Drug and Alcohol Dependence, 197*, 158–163.

Mills, C. P., Hill, H. M., & Johnson, J. A. D. (2018). Mediated effects of coping on mental health outcomes of African American women exposed to physical and psychological abuse. *Violence Against Women, 24*(2), 186–206.

Mirhashem, R., Allen, H. C., Adams, Z. W., van Stolk-Cooke, K., Legrand, A., & Price, M. (2017). The intervening role of urgency on the association between childhood maltreatment, PTSD, and substance-related problems. *Addictive Behaviors, 69*, 98–103.

Morris, E., Fitzpatrick, M. R., & Renaud, J. (2016). A pan-theoretical conceptualization of client involvement in psychotherapy. *Psychotherapy Research, 26*(1), 70–84.

Morales, K., Keum, B. T., Kivlighan, D. M., Jr., Hill, C. E., & Gelso, C. J. (2018). Therapist effects due to client racial/ethnic status when examining linear growth for client- and therapist-rated working alliance and real relationship. *Psychotherapy, 55*(1), 9–19. https://doi.org/10.1037/pst0000135

Moustakas, C. (1994). Phenomenological research methods. *Sage Publications*.

Mundorf, C., Shankar, A., Peng, T., Hassan, A., & Lichtveld, M. (2017). Therapeutic

relationship and study adherence in a community health worker-led intervention. *Journal of Community Health, 42*(1), 21–29.

Murshid, N. S., & Murshid, N. (2018). Intergenerational transmission of marital violence: Results from a nationally representative sample of men. *Journal of Interpersonal Violence, 33*(2), 211–227.

Musto, D. F. (1991). Opium, cocaine and marijuana in American history. *Scientific American, 265*(1), 40-47.

National Institute on Drug Abuse. (NIDA). (2020). Drug addiction treatment in the United States. Retrieved from https://www.drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/drug-addiction-treatment-in-united-states

Nienhuis, J. B., Owen, J., Valentine, J. C., Black, S. W., Halford, T. C., Parazak, S. E., Budge, S., & Hilsenroth, M. (2018). Therapeutic alliance, empathy, and genuineness in individual adult psychotherapy: A meta-analytic review. *Psychotherapy Research, 28*(4), 593–605.

Neubauer, B. E., Witkop, C. T., & Varpio, L. (2019). How phenomenology can help us learn from the experiences of others. *Perspectives on Medical Education, 8*(2), 90-97. https://doi.org/10.1007/s40037-019-0509-2

Oliver, D. G., Serovich, J. M., & Mason, T. L. (2005). Constraints and opportunities with interview transcription: Towards reflection in qualitative research. Social Forces. *A Scientific Medium of Social Study and Interpretation, 84*(2), 1273–1289. https://doi.org/10.1353/sof.2006.0023

Pacheco, C. M., Daley, S. M., Brown, T., Filippi, M., Greiner, K. A., & Daley, C. M. (2013). Moving forward: Breaking the cycle of mistrust between American Indians and researchers. *American Journal of Public Health, 103*(12), 2152–2159. https://doi.org/10.2105/AJPH.2013.301480

Padwa, H., Treiman, K., Mark, T. L., Tzeng, J., & Gilbert, M. (2021). Assessing assessments: substance use disorder treatment providers' perceptions of intake assessments. *Substance Abuse*. https://doi.org/10.1080/08897077.2021.1946891

Paquette, C. E., Syvertsen, J. L., & Pollini, R. A. (2018). Stigma at every turn: Health services experiences among people who inject drugs. *International Journal of Drug Policy, 57*, 104–110.

Parameswaran, U. D., Ozawa-Kirk, J. L., & Latendresse, G. (2020). To live (code) or to not: A new method for coding in qualitative research. *Qualitative Social Work: Research and Practice, 19*(4), 630–644.

Pedersen, W., & Skrondal, A. (1999). Ecstasy and new patterns of drug use: A normal population study. *Addiction, 94*(11), 1695–1706.

Peterson, C., Kearns, M. C., McIntosh, W. L., Estefan, L. F., Nicolaidis, C., McCollister, K. E., Gordon, A., & Florence, C. (2018). Lifetime economic burden of intimate partner violence among US adults. *American Journal of Preventive Medicine, 55*(4), 433–444.

Pickard, H. (2017). Responsibility without Blame for Addiction. *Neuroethics, 10*(1), 169–180.

Pickover, A. M., Bhimji, J., Sun, S., Evans, A., Allbaugh, L. J., Dunn, S. E., & Kaslow,

N. J. (2021). Neighborhood disorder, social support, and outcomes among violence-exposed African American women. *Journal of Interpersonal Violence, 36*(7–8), 3716-3737. https://doi.org/10.1177/0886260518779599

Pieters, T., & Snelders, S. (2009). Psychotropic drug use: Between healing and enhancing the mind. Neuroethics, 2(2), 63–73. https://doi.org/10.1007/s12152-009-9033-0

Pill, N., Day, A., & Mildred, H. (2017). Trauma responses to intimate partner violence: A review of current knowledge. *Aggression and Violent Behavior, 34*, 178-184.

Prather, C., Fuller, T. R., Jeffries, W. L., Marshall, K. J., Howell, A. V., Belyue-Umole, A., & King, W. (2018). Racism, African American women, and their sexual and reproductive health: A review of historical and contemporary evidence and implications for health equity. *Health Equity, 2*(1), 249–259. https://doi.org/10.1089/HEQ.2017.0045

Qutoshi, S. B. (2018). Phenomenology: A philosophy and method of inquiry. *Journal of Education and Educational Development, 5*(1), 215-222.

Rafiq, M., & Sadiq, R. (2019). Caregiver stress, perceived stigma and mental health in female family members of drug addicts: Correlational study. *Journal of Pak Medical Association, 69*(9), 1303-1306.

Raffle, A. E., & Gray, J. M. (2020). The 1960s cervical screening incident at National Women's Hospital, Auckland, New Zealand: Insights for screening research, policy making, and practice. *Journal of Clinical Epidemiology, 122,* A8-A13.

Ragavan, M., Bruce, J., Lucha, S., Jayaraman, T., Stein, H., & Chamberlain, L. (2017). The health of women and children after surviving intimate partner violence.

Violence Against Women, 23(10), 1205–1227.

Reyre, A., Jeannin, R., Largueche, M., Moro, M. R., Baubet, T., & Taieb, O. (2017). Overcoming professionals' challenging experiences to promote a trustful therapeutic alliance in addiction treatment: A qualitative study. *Drug and Alcohol Dependence, 174,* 30–38. https://doi.org/10.1016/j.drugalcdep.2017.01.015

Robbins, R., & Cook, K. (2018). Don't even get us started on social workers: Domestic violence, social work and trust—an anecdote from research. *British Journal of Social Work, 48*(6), 1664–1681.

Roger, K., Bone, T., Heinonen, T., Schwartz, K., Slater, J., & Thakrar, S. (2018). Exploring identity: What we do as qualitative researchers. *Qualitative Report, 23*(3), 532–546.

Rogers, C. R. (1992). The necessary and sufficient conditions of therapeutic personality change. *Journal of Consulting & Clinical Psychology, 60*(6), 1-6. https://doi.org/10.1037/0022-006X.60.6.827

Ross, D. A., Arbuckle, M. R., Travis, M. J., Dwyer, J. B., van Schalkwyk, G. I., & Ressler, K. J. (2017). An integrated neuroscience perspective on formulation and treatment planning for posttraumatic stress disorder: An educational review. *JAMA Psychiatry, 74*(4), 407-415.

Rowlands, T., Waddell, N., & Mckenna, B. (2015). Are we there yet? A technique to determine theoretical saturation. *Journal of Computer Information Systems, 56*(1), 40–47.

Sabri, B., & Gielen, A. (2019). Integrated multicomponent interventions for safety and

health risks among black female survivors of violence: A systematic review. *Trauma, Violence, & Abuse, 20*(5), 720–731.

Sadala, M. L. A., & Adorno, R. de C. F. (2002). Phenomenology as a method to investigate the experience lived: A perspective from Husserl and Merleau Ponty's thought. *Journal of Advanced Nursing (Wiley-Blackwell), 37*(3), 282–293. https://doi.org/10.1046/j.1365-2648.2002.02071.x

Samuelson, K. W., Bartel, A., Valadez, R., & Jordan, J. T. (2017). PTSD symptoms and perception of cognitive problems: The roles of posttraumatic cognitions and trauma coping self-efficacy. *Psychological Trauma: Theory, Research, Practice, and Policy, 9*(5), 537–544.

Saunders, B., Sim, J., Kingstone, T., Baker, S., Waterfield, J., Bartlam, B., Burroughs, H., & Jinks, C. (2018). Saturation in qualitative research: Exploring its conceptualization and operationalization. *Quality & Quantity, 52*(4), 1893–1907. https://doi.org/10.1007/s11135-017-0574-8

Shafran, N., Kivlighan, D. M., Gelso, C. J., Bhatia, A., & Hill, C. E. (2017). Therapist immediacy: The association with working alliance, real relationship, session quality, and time in psychotherapy. *Psychotherapy Research, 27*(6), 737–748.

Sherman, B. J., Mcrae-Clark, A. L., Baker, N. L., Sonne, S. C., Killeen, T. K., Cloud, K., & Gray, K. M. (2017). Gender differences among treatment-seeking adults with cannabis use disorder: Clinical profiles of women and men enrolled in the achieving cannabis cessation-evaluating n-acetylcysteine treatment (accent) study. *American Journal on Addictions, 26*(2), 136–144.

https://doi.org/10.1111/ajad.12503

Shin, S. H., Jiskrova, G. K., & Wills, T. A. (2019). Childhood maltreatment and alcohol use in young adulthood: The role of self-regulation processes. *Addictive Behaviors, 90,* 241–249.

Shufutinsky, A. (2020). Employing use of self for transparency, rigor, trustworthiness, and credibility in qualitative organizational research methods. *OD Practitioner, 52*(1), 50-58.

Simpson, T. L., Hawrilenko, M., Goldberg, S., Browne, K., Lehavot, K., & Borowitz, M. (2020). Treatment receipt patterns among individuals with co-occurring posttraumatic stress disorder (PTSD) and substance use disorders. Journal of *Consulting and Clinical Psychology, 88*(11), 1039–1051.

Skjott Linneberg, M., & Korsgaard, S. (2019). Coding qualitative data: A synthesis guiding the novice. *Qualitative Research Journal (Emerald Group Publishing Limited), 19*(3), 259–270.

Song, A., Wenzel, S. L., Kim, J. Y., & Nam, B. (2017). Experience of domestic violence during childhood, intimate partner violence, and the deterrent effect of awareness of legal consequences. *Journal of Interpersonal Violence, 32*(3), 357–372.

Stacy-Ann Louis, M., & Johnson, E. J. (2017). How mothers perceive their own domestic violence victimization and how it impacts their children. *Journal of Child Custody, 14*(1), 34-48.

Sterba, R. F. (1934). The fate of the ego in analytic therapy. *International Journal of Psychoanalysis, 115,* 117–126.

Stevens, S. J., Andrade, R. A., & Ruiz, B. S. (2009). Women and substance abuse: Gender, age, and cultural considerations. *Journal of Ethnicity in Substance Abuse, 8*(3), 341-358.

Strang, J., Bearn, J., Farrell, M., Finch, E., Gossop, M., Griffiths, P., Marsden, J., & Wolff, K. (1998). Route of drug use and its implications for drug effect, risk of dependence and health consequences. *Drug and Alcohol Review, 17*(2), 197–211. https://doi.org/10.1080/09595239800187001

Stringer, K. L., & Baker, E. H. (2018). Stigma as a barrier to substance abuse treatment among those with unmet need: An analysis of parenthood and marital status. *Journal of Family Issues, 39*(1), 3–27.

Substance Abuse and Mental Health Services Administration. (SAMHSA). (2016). Center for behavioral health statistics and quality. Behavioral health services information series: National directory of drug and alcohol abuse treatment facilities, HHS publication no. (SMA) 16-4981, Retrieved from national directory of drug and alcohol abuse treatment facilities.samhsa.gov

Sullivan, C. M., & Virden, T. (2017). An eight state study on the relationships among domestic violence shelter services and residents' self-efficacy and hopefulness. *Journal of Family Violence, 32*(8), 741–750. https://doi.org/10.1007/s10896-017-9930-7

Sullivan, C. M. (2018). Understanding how domestic violence support services promote survivor well-being: A conceptual model. *Journal of Family Violence, 33*(2), 123–131.

Sullivan, T. P., Weiss, N. H., Price, C., Pugh, N., & Hansen, N. B. (2018). Strategies for coping with individual PTSD symptoms: Experiences of African American victims of intimate partner violence. *Psychological Trauma: Theory, Research, Practice and Policy, 10*(3), 336–344.

Swopes, R. M., Davis, J. L., & Scholl, J. A. (2017). Treating substance abuse and trauma symptoms in incarcerated women: An effectiveness study. *Journal of Interpersonal Violence, 32*(7), 1143-1165.

Szafranski, D. D., Snead, A., Allan, N. P., Gros, D. F., Killeen, T., Flanagan, J., Pericot-Valverde, I., & Back, S. E. (2017). Integrated, exposure-based treatment for PTSD and comorbid substance use disorders: Predictors of treatment dropout. *Addictive Behaviors, 73,* 30–35.

Terplan, M. (2017). Women and the opioid crisis: Historical context and public health solutions. *Fertility and Sterility, 108*(2), 195-199.

Thomas, D. R. (2017). Feedback from research participants: Are member checks useful in qualitative research? *Qualitative Research in Psychology, 14*(1), 23–41. https://doi.org/10.1080/14780887.2016.1219435

Thompson-Miller, R., & Picca, L. H. (2017). “There were rapes!”: Sexual assaults of African American women and children in Jim crow. *Violence Against Women, 23*(8), 934–950.

Thompson, R. (2018). A qualitative phenomenological study of emotional and cultural intelligence of international students in the United States of America. *Journal of International Student, 8*(2), 1220-1255.

Threadcraft, S., & Miller, L. L. (2017). Black women, victimization, and the limitations of the liberal state. *Theoretical Criminology, 21*(4), 478–493.

Toffoli, L., & Rudge, T. (2006). Organizational predicaments: Ethical conditions for nursing research. *Journal Of Advanced Nursing, 56*(6), 600–606. https://doi.org/10.1111/j.1365-2648.2006.04056.x

Trabold, N., O'Malley, A., Rizzo, L., & Russell, E. (2018). A gateway to healing: A community-based brief intervention for victims of violence. *Journal of Community Psychology, 46*(4), 418–428.

Triantafyllou, D., Wang, C., & North, C. S. (2019). Correlates of duration of intimate partner violence among women seeking services at a domestic violence support center. *Journal of Interpersonal Violence, 34*(6), 1127–1138. https://doi.org/10.1177/0886260516647522

Ungar, M., Hadfield, K., & Ikeda, J. (2018). Adolescents' experiences of therapeutic relationships at high and low levels of risk and resilience. *Journal of Social Work Practice, 32*(3), 277–292.

Urbanoski, K., Kenaszchuk, C., Inglis, D., Rotondi, N. K., & Rush, B. (2018). A system-level study of initiation, engagement, and equity in outpatient substance use treatment. *Journal of Substance Abuse Treatment, 90*, 19–28.

Urmanche, A. A., Oliveira, J. T., Gonçalves, M. M., Eubanks, C. F., & Muran, J. C. (2019). Ambivalence, resistance, and alliance ruptures in psychotherapy: It's complicated. *Psychoanalytic Psychology, 36*(2), 139–147.

van Manen, M. A. (2020). Uniqueness and Novelty in Phenomenological Inquiry.

Qualitative Inquiry, 26(5), 486–490. https://doi.org/10.1177/1077800419829788

van Rijnsoever, F. J. (2017). (I can't get no) saturation: A simulation and guidelines for sample sizes in qualitative research. *PLOS ONE, 12*(7). https://doi.org/10.1371/journal. pone.0181689

Vasileiou, K., Barnett, J., Thorpe, S., & Young, T. (2018). Characterizing and justifying sample size sufficiency in interview-based studies: Systematic analysis of qualitative health research over a 15-year period. *BioMed Central Medical Research Methodology, 18*(1), 1-18. https://doi.org/10.1186/s12874-018-0594-7

Velez, C. M., Nicolaidis, C., Korthuis, P. T., & Englander, H. (2017). "It's been an experience, a life learning experience": A qualitative study of hospitalized patients with substance use disorders. *Journal of General Internal Medicine, 32*(3), 296–303.

Virginia Counseling License Requirements: Substance abuse, behavioral disorder, and mental health counselors. Retrieved from https://www.counselingdegreeguide.org/licensure/virginia/#substance

Vîslă, A., Constantino, M. J., Newkirk, K., Ogrodniczuk, J. S., & Söchting, I. (2018). The relation between outcome expectation, therapeutic alliance, and outcome among depressed patients in group cognitive-behavioral therapy. *Psychotherapy Research, 28*(3), 446-456.

Voith, L. A. (2019). Understanding the relation between neighborhoods and intimate partner violence: An integrative review. *Trauma, Violence, & Abuse, 20*(3), 385-397.

von Greiff, N., & Skogens, L. (2019). Understanding the concept of the therapeutic alliance in group treatment for alcohol and drug problems. *European Journal of Social Work, 22*(1), 69–81.

Walby, K., & Luscombe, A. (2017). Criteria for quality in qualitative research and use of freedom of information requests in the social sciences. *Qualitative Research, 17*(5), 537–553.

Wang, S. (2019). Historical review: Opiate addiction and opioid receptors. *Cell Transplantation, 28*(3), 233-238.

Washington, DC Counseling License Requirements. (WDCCLR). (2020). Washington DC counseling career and salary information. Retrieved from https://www.counselingdegreeguide.org/licensure/washington-dc/

Watson, R., Daffern, M., & Thomas, S. (2018). The impact of sex offender's interpersonal style, treatment readiness and the therapeutic alliance on treatment gain. *Journal of Forensic Psychiatry & Psychology, 29*(4), 635–655. https://doi.org/10.1080/14789949.2018.1432673

Watts, J. R., O'Sullivan, D., & Chatters, S. J. (2018). Strengthening the working alliance for clients with substance use disorders and child maltreatment histories. *Journal of Mental Health Counseling, 40*(1), 58–74.

Weinstock, J., Farney, M. R., Elrod, N. M., Henderson, C. E., & Weiss, E. P. (2017). Exercise as an adjunctive treatment for substance use disorders: Rationale and intervention description. *Journal of Substance Abuse Treatment, 72,* 40-47.

Weller, S. C., Vickers, B., Bernard, H. R., Blackburn, A. M., Borgatti, S., Gravlee, C. C.,

& Johnson, J. C. (2018). Open-ended interview questions and saturation. *PLOS ONE, 13*(6), https://doi.org/10.1371/journal.pone.0198606

Wickramatilake, S., Zur, J., Mulvaney-Day, N., von Klimo, M. C., Selmi, E., & Harwood, H. (2017). How states are tackling the opioid crisis. *Public Health Reports, 132*(2), 171–179. https://doi.org/10.1177/0033354916688206

Widom, C. S. (2017). Long-term impact of childhood abuse and neglect on crime and violence. *Clinical Psychology: Science and Practice, 24*(2), 186–202.

Wilson, I. M., Graham, K., & Taft, A. (2017). Living the cycle of drinking and violence: A qualitative study of women's experience of alcohol-related intimate partner violence. *Drug and Alcohol Review, 36*(1), 115–124.

Zhang, L., & Liu, Z. (2018). Ethical issues in research processes: Informed consent, the role of the researcher, access to research sites and research subjects. *In 2nd International Conference on Culture, Education and Economic Development of Modern Society* (ICCESE 2018) (pp. 505-508). Atlantis Press.

Zilcha-Mano, S. (2017). Is the alliance really therapeutic? Revisiting this question in light of recent methodological advances. *American Psychologist, 72*(4), 311–325. https://doi.org/10.1037/a0040435

Zilcha-Mano, S., Lipsitz, I., & Errázuriz, P. (2018). When is it effective to focus on the alliance? Analysis of a within-patient moderator. *Cognitive Therapy and Research, 42*(2), 159-171. https://doi.org/10.1007/s10608-017-9867-4

Zilcha-Mano, S., & Errázuriz, P. (2017). Early development of mechanisms of change as a predictor of subsequent change and treatment outcome: The case of working

alliance. *Journal of Consulting & Clinical Psychology, 85*(5), 508–520. https://doi.org/10.1037/ccp0000192

Zilcha-Mano, S., Eubanks, C. F., Muran, J. C., Safran, J. D., & Winston, A. (2018). When therapist estimations of the process of treatment can predict patients rating on outcome: The case of the working alliance. *Journal of Consulting & Clinical Psychology, 86*(4), 398–402. https://doi.org/10.1037/ccp0000293

Zilcha-Mano, S., Snyder, J., & Silberschatz, G. (2017). The effect of congruence in patient and therapist alliance on patient's symptomatic levels. *Psychotherapy Research, 27*(3), 371–380.

Appendix A: Recruitment Flyer

ADDICTION THERAPISTS

(SUBSTANCE ABUSE COUNSELORS, SOCIAL WORKERS)

Needed for a Qualitative Study

March 11, 2022 – June 11, 2022

The purpose of the study is to explore the lived experiences of addiction therapists' working alliances of battered women with substance use disorders. This study offers no direct benefits to individual volunteers. The aim of this study is to benefit society by improving treatment outcomes and possibly strengthening the working alliance collaborative bond often established in therapeutic settings. Once the analysis is complete, the researcher will share the overall results by emailing you a summary.

Please contact Lee O'Hara at lee.ohara@waldenu.edu or 410 402-3667 to schedule an interview at a mutually designed time and date.

Appendix B: Walden Participation Pool

The Walden Participant Pool works in conjunction with the Institutional Review Board (IRB) for students and faculty who would like to recruit volunteers via a webpage with research. Once I received IRB approval, a description of the study was posted on the webpage and allowed volunteers interested to participating in the research project. For this dissertation, volunteers replied via email or telephone to arrange a Zoom interview at a mutually designed time and date. All participants signed an informed consent prior to the interview.

Appendix C: Interview Questions

1. How do you use working alliance to form a therapeutic relationship with patients? Can you give examples?
2. Why do you think it's important to establish a collaborative relationship with patients?
3. How do incidents or people connected to your lived experiences stand out for you? Can you give examples?
4. How do you associate behavioral change with patients in setting goals and tasks in psychotherapy? Can you give examples?
5. Are there other types of research studies you would like to see conducted to assist addiction therapists with patients?
6. What do you think about the diverse types of theories often applied to clients who are dealing with a substance use disorder?
7. Can you share your view on the pandemic impact on domestic violence?
8. Have you shared all that is significant with reference to the experiences?
9. Do you have any questions or comments you would like to share before concluding our interview?

Appendix D: Modified Version of the Van Kaam Data Analysis Method

The steps I used as a modified version of the principles of the van Kaam data analysis:

Step 1: List every expression as having equal value relevant to the lived experience, a process referred to as horizontalizing.

Step 2: Reduce and eliminate repetitive/vague expressions from each transcribed interview, a process referred to as horizontalizing.

Step 3: Cluster/use relevant verbatim examples from respective transcripts, a process referred to as individual-textual and textual-structural descriptions.

Step 4: Check final identification of the invariant constituents and themes. If not relevant, then it should be deleted.

Step 5: Cluster theme meanings into common patterns and categories to create individual-textural descriptions. Based on the individual-textural descriptions, I then developed themes, a process referred to as textual-structural descriptions. I then labeled emerging themes and used Microsoft Word to organize the themes and subthemes.

Step 6: Based on the lived experiences, develop themes with statements to create accurate interpretations, a process referred to as organize textual descriptions.

Step 7: Integrate the textural and structural descriptions, a process referred to as textual-structural synthesis, into unified statements, the final step in the phenomenological data analysis process (Moustakas, 1994).

Appendix E: Transcendental Phenomenology Terminology

The following operational terms are relevant for this dissertation:

1. Transcendental phenomenology – a science which emphasizes subjectivity and discovery of the essence of experience and provides a systemic and disciplined methodology for derivation of knowledge.
2. Phenomenology – a science of describing what one perceives, senses, and knows in one's immediate awareness and experience.
3. Phenomenon, (a Greek word *phaenesthai*), to place in brightness, to show itself in the light.
4. Horizontalizing – listing and grouping every participant's statement relevant to the topic and interview questions as having equal value.
5. Reduction and elimination – eliminate overlapping, repetitive, and vague expressions from the participant interview experience.
6. Clustering and thematizing – clustering the core experience that are related into a thematic label against the complete record of the participants respective transcripts, if not relevant to the co-researcher's experience, information should be deleted.
7. Individual textual descriptions – relevant verbatim examples from the transcribed participant interview.
8. Textual-structural descriptions – relevant, validated constituents and themes, constructed from the participants respective transcripts.
9. Epoche – a process of setting aside assumptions, refrain from judgment.

10. Textural-structural synthesis – integration of textural and structural descriptions into a unified statement of the experience of the phenomenon as a whole, final step in the phenomenological research process.