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Psychotherapists' Connection with College Students Diagnosed with an Anxiety Disorder and Cannabis Use Disorder.

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Walden University

College of Social and Behavioral Health

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Kervil Durand

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Walden University

2023

Abstract

Psychotherapists' Connection with College Students Diagnosed with an Anxiety Disorder
and Cannabis Use Disorder

by

Kervil Durand

MSW, University of Texas at Arlington, 2016

BS, University of Phoenix, 2012

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

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Abstract

This research study is about the perceptions of connection among licensed clinical social workers in the United States during psychotherapy sessions with college students living with a comorbid illness of an anxiety disorder and cannabis use disorder. The research suggests that college students might often experience an anxiety disorder and possibly a cannabis use disorder and may have difficulty establishing therapeutic connections with their therapist when engaging in therapy services. This study explored therapists' perceptions of establishing and maintaining connection during the psychotherapy session with the aforementioned population. The theoretical framework for this study was Miller's relational theory. Three research questions related to establishing and maintaining therapeutic connections grounded the study. A generic qualitative research design was used, where eight licensed clinical social workers engaged in semi structured interviews about establishing and maintaining therapeutic connections during therapy with the reported population. The analysis processed used during the study was thematic analysis. The research findings identified several themes which may be associated with achieving and maintaining connection, and address barriers to achieving and maintaining connection during the psychotherapy session. Some of the resulting themes of this research were (a) attending and solution focused skills, (b) attuning to the client's needs and client-centered approach, and (c) managing caseload and appointment scheduling appropriately. The findings for this study can inform current clinical practice and may have influence on successful client treatment as well as college students' academic success.

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Chapter 1: Introduction to the Study

The study's topic is the connection in psychotherapy with college students living with a comorbid behavioral health illness. Psychotherapists connecting with college students during psychotherapy treatment can be considered a significant factor in psychotherapy treatment retention of college students and the successful treatment of their comorbid illness of an anxiety disorder and cannabis use disorder. Social work therapists' improved achievement of connection (i.e., interpersonal closeness) with these college students potentially improves the psychotherapy experience. Research has shown that college students who smoke cannabis are likely to experience enrollment gaps and graduation delays (Arria et al., 2015). However, further research noted that college students who can connect to others are more likely to have positive academic experiences (Farrell et al., 2018). In sum, for licensed clinical social workers (LCSWs) providing therapy to college students, an improved connection in the therapeutic experience will do two things: equip college students with relational skills to achieve and improve harmony in their personal lives and improve their academic knowledge and ability to complete college.

This chapter is an introduction to the study. The chapter contains the study's background, followed by the problem statement, including the research problem and the meaningful gap. Also, this chapter includes the purpose of the study and the research question. This chapter's other significant components are the theoretical framework, the study's nature, definitions of key concepts of constructs, assumptions, scope and

delimitations, limitations, and significance. The chapter concludes with a summary containing the chapter's main points and a synopsis of the next chapter's contents.

Background

Psychotherapy treatment is paramount for engaging and treating patients living with an anxiety disorder and cannabis use disorder due to the insufficiency of medications to serve as isolated treatment approaches (Adams, 2015; Shah et al., 2018). Among college students, there has been an increase in cannabis use from 3.5% in 2007 to 4.4% in 2017 (Bachman et al., 2017). As well, a study conducted by the American College Health Association (2015) showed that 56.9% of the 91,925 college students sampled reported having overwhelming anxiety. Within the same study, using a sample of 91,191, 47% of those students reported that within the last 12 months their academic performance was affected by anxiety. Research has suggested that psychotherapy is an effective treatment and the primary treatment method for addressing anxiety in college students with a comorbid illness of an anxiety disorder and cannabis use disorder (Blevins & Khanna, 2016).

One key element of treating comorbid illness like anxiety and cannabis use is establishing connection between the therapist and the patient or service recipient. Barth (2014) and Shaeffer (2014) emphasized using relational theory during psychotherapy with college students to establish and achieve connection and foster a relational experience during the therapy session. Social workers achieving and experiencing connection with patients during psychotherapy treatment recognize this as essential for completing psychotherapy treatment (Cree et al., 2017; Gockell & Kimmel, 2017). Social

workers' management of their own emotions during therapy and incorporation of cultural strategies with professional strategies increases their ability to relate to and connect with college student clients (Savaya & Zoabi, 2017; Simonova, 2017). Licensed clinical social work psychotherapists' work to achieve connection with the college student during the therapy experience not only to establish a rapport and trust, but also to aid in the college students' formation of relational skills in their interpersonal relationships outside of the therapeutic relationship with the therapist (Tartakovsky, 2016; Weisman, 2017).

Problem Statement

The psychotherapist's ability to connect with college students during therapy supports college students' need for connection in their interpersonal lives (Barth, 2014). Connection is defined and explained as the interpersonal closeness within a social context that strengthens and promotes the therapist and client during the psychotherapy session (Aherene et al., 2018; Bittencourt et al., 2018). Although therapeutic alliance is used to understand the psychotherapeutic relationship, the *therapeutic alliance* is defined as the bond between the client and therapist, agreement on tasks, and working towards completion of therapeutic goals (Black et al., 2016). As a result of their definitions, there is a stark difference between connection and therapeutic alliance. Belanger et al. (2018) noted that successful connection development during therapy leads to a strong therapeutic alliance, and connection is significant for building interpersonal skills and confidence while eliminating negative symptoms. Barth (2014) and Shaeffer (2014) identified self-disclosure, empathy, and relational experiences as components of connection in therapy with college students that support connection in the therapeutic relationship and

successful completion of treatment. As a result of the distinction between connection and therapeutic alliance in the therapeutic relationship, this study focused on the concept of connection in psychotherapy.

College students utilize psychotherapy treatment for an anxiety disorder at a higher rate of 23.3% than for depression at 18.8% (Center for Collegiate Mental Health, 2018). From a sample of 59,208 college students, 62.2% reported anxiety as a concern for seeking psychotherapy treatment, which was more significant than the 49.7% who reported depression as a concern (Center for Collegiate Mental Health, 2018). In addition, 24.1% of college students from the same sample reported anxiety as a primary concern for psychotherapy treatment, which is greater than the 18.6% reporting depression as a primary concern (Center for Collegiate Mental Health, 2018). As a result of the data, this study focused on social workers who are working with college students who are living or have lived with anxiety and comorbid cannabis use disorder.

The Center for Collegiate Mental Health (2018) provided data results for the year 2016-2017 of college students' reported cannabis use and found that 23.6% of college students reported having used cannabis in the last 2 weeks; this a 2.7% increase from the 2015-2016 sample. This same study showed that 39.7% of college students reported binge drinking within the last 2 weeks, which is a 16.1% difference from 23.6% of college students reporting cannabis use in the previous 2 weeks. In addition, college students participating in the study were found to be more likely to use cannabis 10 or more times over the last 2 weeks at 5.5%, than college students who reported having five

or more alcoholic drinks in the previous 2 weeks at 0.9% (Center for Collegiate Mental Health, 2018).

Individuals with anxiety are more likely to use cannabis, and even more, cannabis use can lead to an onset of anxiety or exacerbate anxiety symptoms (Hill, 2017; Kedzior & Laeber, 2014). College students who use cannabis may develop a comorbid diagnosis of an anxiety disorder and cannabis use disorder with risk factors for the following: suicide, psychosis, readmission into treatment and health care services, and negative academic performance (Blevins & Khanna, 2016; Clement et al., 2018). McRae and Sherman (2016) noted that cannabis use is associated with mental illnesses such as anxiety disorder, has negative effects on educational attainment, and may lead to problems in living. Psychotherapy treatment is a beneficial treatment approach for individuals living with a comorbid illness; however, individuals living with a cannabis use disorder and an anxiety disorder are less likely to participate in treatment services (Kamal et al., 2018; Posselt et al., 2017). This problem is significant in psychotherapy treatment and is supported by the Center for Collegiate Mental Health (2018), which noted in their 2018 study that 32.8% of the 19,362 college students in the sample did not return to complete psychotherapy treatment. This suggests that college students living with a comorbid illness of cannabis use disorder and an anxiety disorder are not likely to complete psychotherapy treatment.

Tartakovsky (2016) and Sharma and Bennet (2015) recognized that psychotherapists such as social workers are likely to provide psychotherapy to individuals with an anxiety disorder and cannabis use disorder. LCSWs are prominent

professionals providing psychotherapy to comorbid patients, where the connection is a significant component to working with patients (Achenbaum et al., 2018; Knight, 2016). In this study, I sought to understand LCSWs' perception of the establishment and maintenance of connection during psychotherapy with college students living with a comorbid illness of an anxiety disorder and cannabis use disorder.

One issue not covered well in the literature is psychotherapists' experience during the therapy session with establishing and maintaining a connection with college students living with an anxiety disorder and cannabis use disorder (Banders et al., 2015; Chorlton et al., 2015; Greene, 2015). It can be argued that improvement of connection during therapy can lead to improved therapeutic outcomes and may support college students' ability to manage their anxiety disorder and cannabis use disorder successfully. Hence, this study filled a gap in the research by seeking to better understand the connection in the therapeutic relationship during the psychotherapy session between LCSW psychotherapists and college students living with an anxiety disorder and cannabis use disorder.

Purpose of the Study

The purpose of this qualitative study was to examine how connection is established and maintained in the therapeutic relationship between LCSW psychotherapists and college students living with an anxiety disorder and cannabis use disorder, and the perceived effect of connection of the therapeutic outcome (e.g., successful completion of psychotherapy treatment). The interpretivist paradigm through a qualitative lens was the paradigm used to guide this research study. The methodology

related to the interpretivist paradigm constitutes qualitative methods that consist of interviewing and identifying meanings related to the phenomenon that emerges from the research process (Robert Wood Johnson Foundation, 2008). The qualitative approach to research is to understand the phenomenon from the participants' understanding and interpretation (Kivunja & Kuyini, 2017). Exploring the phenomenon of connection during psychotherapy from the LCSW therapists' perspective helped identify practical skills and psychotherapeutic ways of interacting to achieve connection during psychotherapy. This mentioned identification may further support a positive therapeutic experience and connection during the interpersonal therapeutic experience.

Research Questions

RQ 1 – What are LCSW psychotherapists' perceptions of establishing connection during the therapeutic process when working with college students living with an anxiety disorder and cannabis use disorder during the psychotherapy session?

RQ 2 – What are LCSW psychotherapists' perceptions of maintaining connection during the therapeutic process when working with college students living with an anxiety disorder and cannabis use disorder during the psychotherapy session?

RQ 3 – What are LCSW psychotherapists' perceptions of barriers to connection during the therapeutic process when working with college students living with an anxiety disorder and cannabis use disorder during the psychotherapy session?

Theoretical Framework of the Study

This study utilized a relational theory as the theoretical framework, which has been identified as a theory of choice within social work for direct social work practice,

meaning that relational theory allows for a contextual approach which supports social work expectations of provision of services acknowledging the person in environment (Coady & Lehman, 2008). Relational theory is a theory of human connection and emphasizes the innate need for human beings to achieve connection during interpersonal interactions (Jordan, 2017). Relational theory clarifies the experience of connection within the relational exchange of psychotherapist and client/patient. The theory is an approach that allows social work psychotherapists to connect with college students in a mutual experience of understanding that supports the college student's ability to connect to others (Barth, 2014; Shaeffer, 2014).

Relatedness is a theoretical tenet of relational theory (Coady & Lehman, 2008). The theoretical construct of relatedness was utilized as the a priori code within the study and the study's data collection. Relatedness provides a structural approach for exploring connection, since connection is within the relational experience of interpersonal relationships. Social workers' experience of connection with the identified population during therapy was explored within the construct of relatedness. LCSWs' experience of connection during psychotherapy with the identified patients/clients was examined through the relational theory's construct relatedness (i.e., what is done to achieve connection, and how do they know that they have achieved connection).

Nature of the Study

This study's nature is a generic qualitative research design seeking to contribute to established theoretical concepts (Patton, 2015). This study utilized a generic qualitative research design which allowed the use of open-ended questions and in-depth interviews

to obtain an understanding for answering the research questions. The generic qualitative study explores people's subjective opinions, experiences, attitudes, and beliefs of the outer world's phenomenon, utilizing a broad approach, and contains a small sample to achieve unique, individual representation of a particular experience or phenomenon (Kostere et al., 2015). The data collection approach was at one point in time with key informants who have expert knowledge about the topic. A purposive sampling strategy with snowball recruitment was applied to support successful recruitment and identify participants with the knowledge needed for the study (Patton, 2015). LCSWs were recruited to participate in a semi structured in-depth qualitative interview. The semi structured interview format utilizes several questions of importance to the study, allows the interviewer to pursue information that came up during the interview session, and is appropriate for social work studies as it provides structure guidance during the interview (Chadwick et al., 2008). The semi structured approach allowed for the utilization of an interview guide matrix for aligning the interview questions (Hamzah et al., 2018).

The analysis plan to be applied is thematic analysis. Thematic analysis is the process of analyzing qualitative data obtained from semi structured interviews and is considered an extension of what the data is about or what the data means (Kostere et al., 2015; Saldana, 2016). A form of thematic analysis called inductive analysis was implemented in this research study. Inductive analysis is a form of thematic analysis that provides a step-by-step analysis of which the collected data from participants is analyzed individually, and themes obtained from the repetitive patterns are synthesized (Kostere et al., 2015).

Definitions

The following terms are used throughout this study. This section provides the operationalized definition of the term as used for this research.

Anxiety disorder: Anxiety disorder in this study refers to any disorder that is found within the anxiety disorder chapter of the American Psychiatric Association's (APA, 2013) *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.; *DSM-5*). Anxiety disorder is an experience of muscle tension, vigilance in preparation for imminent danger and avoidant behavior lasting six months or longer and may consist of physiological symptoms such as rapid heart rate and feelings of unreality (APA, 2013).

Cannabis use disorder: The APA (2013) has identified cannabis use disorder as a significant clinical impairment or distress as manifested by two or more of the diagnosing criteria within 12 months.

Connection: Connection has been defined and explained as the interpersonal closeness within a social context that strengthens and promotes the therapist's and client's mutual experience during the psychotherapy (Aherene et al., 2018; Bittencourt et al., 2018).

Relatedness: Relatedness is the level of satisfaction experienced in an interpersonal interaction that determines the connection in the relationship (Jimenez et al., 2014; Spinelli, 2015).

Therapeutic alliance: Therapeutic alliance is defined as the bond between the client and therapist, agreement on tasks, and working towards the completion of therapeutic goals (Black et al., 2016).

Assumptions

The three assumptions I have identified regarding the study are the following: It is assumed that the sample of social workers selected to participate in this study provided, to the best of their ability, honest discussion regarding their experience with working with college students living with a comorbid illness of an anxiety disorder and cannabis use disorder. It is expected that study participants were able to identify and describe the concept of connection. Further, it was assumed that study participants had some measure of success in achieving connection during psychotherapy with their patients. These assumptions are relevant in positioning the study's purpose and research questions in such a way that being able to gain improved knowledge about the topic under question can be achieved.

Scope and Delineations

This research study sample were LCSWs who are currently practicing psychotherapy or may have provided psychotherapy to college students living with a co-occurring anxiety disorder and cannabis use disorder. The recruitment process included LCSWs within the United States.

The phenomenon of focus within this study is connection. A generic research design was implemented as the design of choice. A generic research design requires a small sample size, typically 10–13 participants (Eccles et al., 2010; Sandelowski, 1995). A small sample poses some study limitations in terms of generalizability but does offer opportunities for an inside view of the issue in question from the perspective of those with unique insight about the issue. The proposed sample size for this study was 12–15

participants, but the final sample size was eight participants. Psychotherapists who do not hold a LCSW credential are likely to provide psychotherapy to college students living with an anxiety disorder or cannabis use disorder; however, these populations are excluded from the study. This study focused only on those with a license credential as they are subject to specific therapeutic standards and professional compliance that a therapist who is not licensed does not necessarily have to adhere to.

Limitations

One potential limitation for this study is participants' self-selection into the research study due to a vested interest in the topic or population and may not be a representative of other LCSWs who provide psychotherapy to college students. Transferability of the research findings may be limited to psychotherapists with credentials other than a LCSW. The noted limitations can be addressed by providing thorough information of the interview process, recognizing the limits of transferability, and identifying the importance of avoiding overgeneralization (Carl & Ravitch, 2016). Carl and Ravitch (2016) noted that a limitations section of a study is important to include and should identify specific elements that pose trustworthiness issues and should offer full transparency about what are the study's limitations.

Significance

This research filled a gap by concentrating exclusively on LCSWs' perceptions of connecting with college students living with an anxiety disorder and cannabis use disorder. The social work profession will benefit from this study's results to develop practical steps to connect patients during therapy. Social work therapists' improved

achievement of connection with this population could enhance the therapy experience and may minimize the presence of relational barriers such as stigma. Successful treatment of comorbid illness of an anxiety disorder and cannabis use disorder in college students may likely prevent them from experiencing harm such as different types of assaults, improve their academic performance, improve their ability to successfully graduate on time, and maintain good health (Blevins & Khanna, 2016). The achievement may result in economic achievements related to college students' success through graduation, achieving and maintaining healthy relationships.

LCSWs ability to establish and maintain a connection during psychotherapy with college students living with an anxiety disorder and cannabis use disorder will likely enhance the psychotherapeutic experience. Understanding psychotherapists' perception of connection with patients can lead to recommended improvement in treatment interventions for college students with a cannabis use disorder and an anxiety disorder (Arria et al., 2015; Blevins & Khanna, 2016). College students' ability to cope with an anxiety disorder and discontinue cannabis use can increase their ability to graduate, minimize risks of psychosis, decrease readmission to health care services, and improve their ability to cope effectively with life stressors and having solid, therapeutic connection can aid in this regard (Blevins & Khanna, 2016). When considering additional implications for practice that help to further practice approaches with specific population groups, being able to leverage the research can help improve and inform practice approaches to establishing and maintaining therapeutic connection for not only social work psychotherapist but psychotherapists with other professional credentials. The study

findings add to current knowledge about therapeutic connection and can further provide insight that might enhance the psychotherapeutic practice experience with college students with comorbid anxiety and cannabis use disorder. It is hoped that the study will contribute to social change by offering additional practice knowledge that might aid in improved quality of care and services for therapy professionals whose goal is to improve the psychological wellbeing of those they serve.

Summary

There is a significant need to ensure that college students living with cannabis use disorder and an anxiety disorder receive psychotherapy treatment. Social workers have been identified as likely professionals to provide psychotherapy treatment to college students living with a comorbid illness (Sharma & Bennet 2015; Tartakovsky 2016). A review of the current literature did not provide research literature on LCSWs' perceptions of connection during psychotherapy treatment with college students living with a comorbid illness of an anxiety disorder and cannabis use disorder. This chapter contained information regarding the problem statement, background information, purpose of the study, and the research question. The next chapter will provide information on the theoretical framework and literature review on the study's focus.

Chapter 2: Literature Review

This section provides a review of the literature on connection and explores relational theory and its role in supporting connections between the social worker and college student during the therapeutic process when comorbid cannabis use disorder and anxiety disorder are present. In this study, I sought to understand LCSWs perception of the establishment and maintenance of connection during psychotherapy with college students living with a comorbid illness of an anxiety disorder and cannabis use disorder. LCSWs are likely to provide psychotherapy to individuals with comorbid illnesses, signifying the importance of their ability to achieve connection with this population during psychotherapy (Barth, 2014; Sharma & Bennet, 2015; Tartakovsky, 2016). The literature will support the need for greater understanding of social workers' perceptions of connection in psychotherapy with college students.

The purpose of this study was to understand how connection is established and maintained in the therapeutic relationship between LCSW psychotherapists and college students living with an anxiety disorder and using cannabis, and the perceived effect of connection on the therapeutic outcome. The study focused on how the key informants, LCSW psychotherapists, achieve connection during psychotherapy with college students living with a comorbid illness of an anxiety disorder and cannabis use disorder. The literature review contains the difference between cannabis use and cannabis use disorder and does not reference a specific anxiety disorder; instead, it pertains to any of the anxiety disorders identified in the *DSM-5* (APA, 2013). Chapter 2 highlights the literature search strategy for obtaining the literature used in the reviews. Another component of the

literature review is the theoretical foundation, relational theory. The literature review focuses on connection in psychotherapy, social work professional skills, college students' content related to mental health, anxiety disorder, cannabis use disorder, treatment for cannabis use disorder and anxiety disorder, and the summary.

Literature Search Strategy

The literature search strategy consisted of identifying peer-reviewed articles related to the phenomenon connection and the identified population by completing an exhaustive search of the study's literature. The library databases and search engines I used were Walden University's Thoreau multidata base search, PubMed, and Google Scholar. These additional sources were utilized during the search: University of Phoenix's alumni library and National Association of Social Work (NASW).

The following terms were used in the identified databases to ensure a thorough approach in searching the literature: social workers, college students, and an anxiety disorder and cannabis use disorder, college students and mental health, anxiety disorder, cannabis use disorder, anxiety disorder, and cannabis use disorder, therapeutic relationship, comorbid illness, psychotherapy, social work and connection, connection and psychotherapy, cannabis use disorder and anxiety disorder treatment, treatment for comorbid illnesses, psychotherapy and comorbid illnesses, psychotherapy or therapy or counseling and dual diagnosis. The items were searched individually and combined using the advanced search feature and Boolean operators such as AND, and OR. The use of Google Search: cited by, led to the, obtainment of peer-reviewed articles related to the

literature review content. I also consulted with a Walden University librarian to expand the search further and apply diverse search strategies.

Theoretical Foundation

This study's framework is relational theory, identified as a theory aligned with direct social work practice constructs of the generalist-eclectic framework, person-in-environment, and establishing a good helping relationship with the patient (Coady & Lehman, 2008). Relational theory is a theory of human connection and emphasizes the innate need for human beings to achieve connection during interpersonal interactions (Jordan, 2017). The theoretical construct of relational theory utilized in this study is relatedness (Coady & Lehman, 2008). This theoretical construct supports the framework for exploring connection, which is a central phenomenon of relational theory.

The relational theory was developed by Jean Baker Miller, who completed medical school, trained in psychoanalysis, and practiced as a clinician (Bartlett et al., 2010; Hartling, 2008). Miller's work with women and her beliefs regarding the importance of relationships led to the development of relational theory, which has garnered various contributors who have advanced the theory (Bass, 2015; Hartling, 2008). An assumption of relational theory views connection as very significant to humans and hypothesizes that interdependence is fundamental to human relationships (Segal, 2012). The approach promotes social work values that encourage collaboration between therapists and patients through relatedness (Segal, 2012). Relational theory's approach of intimacy and the human being's need to relate and connect with others increase the effectiveness and benefits of psychotherapy with individuals living with a mental illness

and substance use diagnoses (Director, 2002; L'Abate, 2006). Within the relational theory, the therapist and patient influence each other, leading to change through a supportive, reflective mutual experience of meaning-making where the therapist's therapeutic influence during therapy is continuous (Rubenstein, 2015; Segal, 2012). Reciprocally, therapist and patient experience of relatedness during psychotherapy provide the patient with relational experience and skills to foster connection in their relationships.

Relatedness is the level of satisfaction experienced in an interpersonal interaction that determines the relationship's connection (Jimenez et al., 2014; Spinelli, 2015). Through relatedness, connection is experienced within the context of the person's environment and experience derived from therapeutic dialogue (Cherwitz & Darwin, 1995; Saari, 2005). Connection is further achieved through mutual interaction and recognition between therapist and patient, resulting in the patient experiencing and achieving hope, self-confidence, being open with others, and risk-taking resulting from being in a nonjudgmental environment (Barlett et al., 2010; Rubenstein, 2015). Relational theory contains assumptions that are central to the concept of relatedness, that explains the therapeutic experience of connection between therapist and patient during therapy (Rubinstien, 2015; Segal, 2012). Relatedness further supports the connection experience during the therapeutic relationship, requiring the therapist to be aware of their psychotherapeutic skills during therapy and how they relate to the patient (Pizzanello, 2015; Segal, 2012). Therapists pay close attention to their experiences during therapy

using relational theory and incorporate these experiences, fostering a related experience (Sterlin, 2006).

Different psychotherapeutic contexts utilize the theory's concept of relatedness, as expressed through the unique individual's being and human beings' relational drive. Through a case illustration, Director (2002) demonstrated the use and effectiveness of relational theory working with a substance use patient and concluded the importance of engaging the patient during therapy as a relational approach. L'Abate (2006) discussed a series of models derived from relational theory highlighting the importance of intimacy as a significant component of relating and connecting with others. Intimacy through connection during therapy provides the patient's psychotherapeutic environment to explore their experience connecting to others (Heusser & Laidlaw, 2014).

Relational theory is the appropriate theory for this study as it provides a theoretical construct for understanding the role of connection in the therapeutic environment between therapist and patient. The theory has been essential in understanding connection within interpersonal relationships (Bartlett et al., 2010; Macaskie, 2017; Pizzanello, 2015; Rubenstein, 2015). Social work has embraced relational theory as the theory of understanding human connection, developing social relationships where the relationship between therapist and patient is just as meaningful as the therapist's adherence to professional responsibilities, theories, and models (Segal, 2012). Relational theory promotes therapist engagement during treatment and fostering connection by the therapists' ability to communicate and share their experiences during psychotherapy with the patient (Director, 2002; Shaeffer, 2014; Sterlin, 2006).

The following are the research questions of this study: What are LCSW psychotherapists' perceptions of establishing connection during the therapeutic process when working with college students living with an anxiety disorder and cannabis use disorder during the psychotherapy session? What are LCSW psychotherapists' perceptions of maintaining connection during the therapeutic process when working with college students living with an anxiety disorder and cannabis use disorder during the psychotherapy session? What are LCSW psychotherapists' perceptions of barriers to connection during the therapeutic process when working with college students living with an anxiety disorder and cannabis use disorder during the psychotherapy session? These research questions build upon the existing literature using a basic qualitative research design to understand connection through relational theory's concept of relatedness. Studies have shown relational theory as a practical approach for working with young adult college students and individuals with substance use disorders (Director, 2002; Shaeffer, 2014).

Literature Review

Connection in Psychotherapy

Although other concepts such as therapeutic alliance have been explored to understand the psychotherapeutic relationship, the *therapeutic alliance* is defined as the bond between the client and therapist, agreement on tasks, and completion of therapeutic goals (Black et al., 2016), so there is a stark difference between connection and therapeutic alliance. Belanger et al. (2018) noted that successful connection development during therapy leads to a strong therapeutic alliance and that connection is significant for

building interpersonal skills and confidence while eliminating negative symptoms. As a result of the distinction between connection and the therapeutic alliance in the therapeutic relationship, this study focused on the concept of connection in psychotherapy.

Successful connection development during therapy leads to a strong therapeutic alliance, which is significant for building interpersonal skills and confidence while eliminating negative symptoms (Belanger et al., 2018). Once achieved, connection provides the opportunity for feelings exploration, developing the ability to verbalize feeling states, which is significant for forming intimacy and mutuality in interpersonal relationships (Barth, 2014). Through open and direct discussion regarding their anxiety and cannabis use, clients, such as college students, are likely to accomplish their goals in psychotherapy, develop the skills for connecting to others and cope effectively. This statement is supported by Barth (2014), who stated that therapists are required to provide a holding environment where college students who are experiencing increased anxiety can safely develop the skills to connect with others.

Connection is significant for developing a collaborative relationship during psychotherapy (Barth, 2014; Jordan, 2017; Shaeffer 2014). Connection found its roots in attachment theory with the previous exploration of parent–child relationships and the importance of connection for achieving a healthy attachment (Chinnery, 2016). Making a connection in therapy is influenced by the therapist and the patient’s attachment styles (Holmes & Slade, 2019). Aggett et al. (2015) explored the need for connection working with families and found an essential achievement during the therapeutic relationship to achieve mutual goals between therapist and participant. Resolving transference and

countertransference are crucial during therapy to connect and address any attachment needs the patient may have regarding interpersonal relationships (da Silva et al., 2015).

The connection is an integral part of relational development and, as stated, is needed for interpersonal experiences that support growth, eliminate symptoms, which leads to healthy coping (Aggett et al., 2015). Connection is a central task for therapists working with college students in the therapeutic relationship (Knight, 2016; Shaeffer, 2014). Patients' achievement of connection during psychotherapy reflects their need for intimacy, which leads to isolation because of segregation (Knight, 2016). Knight's (2016) findings support Sue's (1998) seminal work in defining the occurrence of segregation as the inability to form diverse connections, resulting in personal isolation, or forming connections only with individuals of the same ethnicity and practices. Headley and Sangganjanavanich (2014) also identified that disconnection or lack of connection in the therapeutic relationship results in the patient experiencing isolation. As a result, relational theory seeks to provide a supportive and positive relationship experience for the patient during psychotherapy, resulting in the patient's intrapersonal and interpersonal skills for connecting with others. As illustrated by Knight, connection during therapy supports patients' need for intimacy in interpersonal relationships avoiding isolation.

The connection between therapist and patient is an interpersonal experience that models interaction for connection with healthy relationships. As a likely social symptom of anxiety, present isolative behavior with cannabis use behavior is a facilitating component of disconnection in significant interpersonal relationships, where cannabis use is not present as a social component of the interpersonal relationship (Haiyasoso et al.,

2016). Replacing isolation with connection fosters a healthy therapeutic relationship, which is vital for college students' recovery (Belanger et al., 2018). In this case, the connection provides a sense of mutuality between therapist and patient, supporting the patient's need for intimacy in interpersonal relationships (Knight, 2016). This connection experience provides a psychotherapeutic environment for patients to discuss their interpersonal experiences (Barth, 2014).

College Students and Connection

The connection process begins with the initial greeting, and it continues throughout the session, providing college students with the social skills for developing connections in their relationships with other individuals, such as their academic professors and other peers (Harkapaa et al., 2014; Telfener, 2017). College students' ability to connect with the therapist during therapy is connected to the college students' ability to connect to their feelings during psychotherapy and avoid feelings of disconnection (Henriques, 2017). There are a few factors that impact connection during psychotherapy. During therapy, connection can be negatively impacted by inconsistency and unpredictability (May, 2016); however, Hagen et al. (2017) noted that individualized care and treating the patient as a unique individual foster secure connection.

Harkapaa et al. (2014) conducted a cross-sectional qualitative study on college students' experience and their ability to benefit academically due to participating in psychotherapy. This article highlighted the positive impact of college students' participation in psychotherapy, such as energy and mental resources, learning and concentration, and strengthening self-confidence and mastery (Harkapaa et al., 2014).

College students identified relatedness concepts of being heard and understood, receiving active support and encouragement, and positive psychotherapy benefits (Harkapaa et al., 2014). Connecting to the therapist and the resulting transition towards connecting to feelings provides college students the confidence to explore their interpersonal relationships and connection to others (Smith, 2016). Through college students' ability to relate to the psychotherapist, college students develop intrapersonal confidence and relational skills to achieve connection.

There is much importance in understanding the role of connection during therapy and why it is essential for working with college students. College students who participate in psychotherapy are likely to improve interpersonal connections because of experiencing connection with their therapist (Harkapaa et al., 2014). Barth (2014) and Shaefer (2014) discussed the significance of therapists achieving connection with college students who are young adults. Knight (2016) supported this further in describing connection as a central facet of psychotherapy and the goal of psychotherapists who are working with young adults.

College students' ability to achieve connection improves their interpersonal experiences. Experiencing connection with friends and other students on campus supported college students' connection with faculty (Farrell et al., 2018). College students reported being able to connect virtually with individuals who share the same expectations as they do or to individuals who demonstrate that they care for them as a person (Farrell et al., 2018). Further research noted that college students identified and reported that connection is an important factor for improvement and engagement (Rush,

2015). College students' experience in psychotherapy supports their ability to enhance further or establish their ability to develop connections in their interpersonal relationships further.

Barriers to Connection During the Psychotherapy Session

The achievement of connection can be hindered or not achieved because of barriers to connection. Communication between the therapist and patient is important for achieving connection during psychotherapy. Hagen et al. (2017) and Han and O'Brien (2014) noted how therapists' assumptions and non-self-disclosure affected the connection between therapist and patient. These authors' work highlighted the importance of communication during psychotherapy as a significant aspect of relatedness and the psychotherapeutic connection between therapist and patient. Ineffective communication affects therapeutic experience, disrupting or negatively impacting the achievement of connection. Macaskie (2017) supported this further with their research findings on therapists' need for developing effective ways of communicating and facilitating mental processes during therapy to achieve and maintain a connection. Therapists' ability to develop effective therapeutic communication styles will likely lead to improved establishment and maintenance of connection during psychotherapy.

Barriers to connection during psychotherapy include self-disclosure processes by the psychotherapist or contrastingly excessive self-disclosure by the psychotherapist (Antony et al., 2017; Shaeffer, 2014). Psychotherapists' inattention towards the patient during psychotherapy, their lack of empathy towards the patient, focusing and emphasizing diagnostic categories or diagnoses, and failure to empower the patient

during the psychotherapy session or include the patient as an expert in their therapeutic process are all barriers towards achieving connection (Cooke et al., 2016; Hagen, Hjelmeland & Knizek, 2017; Jordan, 2017; Watchel, 2017). The therapist's role and presentation during psychotherapy are not the only factors to impede the achievement of connection during the psychotherapy session. The patient's sense of low self-worth, cultural norms discouraging expression or discussion of emotions, guarded behavior during psychotherapy, and reluctance to trust others can also serve as barriers to connection (Han & O'Brien, 2014; Knight, 2016). Achieving connection is also hindered by psychotherapists not providing feedback to patients regarding the patient's progress during the psychotherapy session, having a plan or setting goals during psychotherapy, and the patient's inability to talk about things that matter to them (Harkapaa et al., 2014).

Developing Connection in the Psychotherapy Session

Developing and attaining connection are significant during the assessment phase of treatment and are expected to occur throughout the therapeutic relationship (Farber et al., 2016). Patients develop interpersonal connection skills because of the social interaction, and therapeutic support received during group psychotherapy and individual psychotherapy (Haworth et al., 2015; Hopfenberg, 2015). These connections in group therapy occur through relational encounters, of the patients' reflective moments and ability to relate to each other, because of the feedback provided and received by other patients in the group session (Macaskie, 2017; Minieri et al., 2015). The psychotherapist can influence the connection process during psychotherapy by validating and

understanding a patient's resistance instead of focusing on the patient's anxiety (Antony et al., 2017).

Connection during therapy occurs during the expression of emotions between the psychotherapist and the patient. Therapists' display of vulnerability increases patients' ability to achieve connection with their psychotherapist during psychotherapy (Han & O'Brien, 2014). Therapists, on the other hand, expressed having a deep sense of connection to their patients when the therapist cried during the session (Chui et al., 2017). The therapist's self-disclosure, vulnerability, and crying during therapy led patients to view therapists as trustworthy and experienced a connection with the patient, highlighting the relational theory concept of relatedness (Chui et al., 2017; Han & O'Brien, 2014). During psychotherapy, the connection between therapist and patient provides an opportunity for the patient to explore their anxiety, making the therapist's vulnerability and disclosure during therapy significant (Chui et al., 2017; Han & O'Brien, 2014; Jemstedt, 2018).

Analysis of Connection in Psychotherapy

The therapeutic relationship's growth experience during therapy supports the patient's growth through the relational experience between the therapist and the patient. Jemstedt (2018), Telferner (2017) and Wiseman (2016), conducted research discussions or narratives, which focused on discussing the importance of connection from their experience. Each author approached the significance of connection during therapy, indicating their role as therapists and the importance of connection for the patients' success (Jemstedt, 2018; Telferner, 2017; Wiseman, 2016). Connection is a component of

therapy that has a spiritual basis and fulfills a significant aspect of the patient's need for connection (Jemstedt, 2018; Telferner, 2017; Wiseman, 2016), meaning that through the relational exchange between psychotherapist and patient, the patient achieves therapeutic changes and growth during the psychotherapy process. The authors recognized the therapeutic relationship's significance as a process of which connection creates a meaningful experience for the patient in therapy and once achieved, leads to positive changes for the patient (Jemstedt, 2018; Telferner, 2017; Wiseman, 2016).

Articles consisting of case examples regarding connection enhanced the understanding of the achievement of therapeutic skills and or goals in the exchange between psychotherapist and patient during psychotherapy (Aggett et al., 2015; Smith, 2016). Aggett et al. (2015) focused on connection with families, and Smith (2016) looked at connection during brief dynamic therapy. Both Aggett et al. and Smith agreed on the complexity of psychotherapeutic relationships and the need for implementing creativity in the psychotherapeutic approach to achieve connection with the patients. Chinnery (2016) conducted a meta-analysis emphasizing the significance of social workers to recognize children attachment types during the assessment phase for placement with family members with a secure attachment, which will likely strengthen the connection between the children and their family members. These studies provided knowledge on connection as an essential part of the assessment phase and working with different age populations and systems.

Studies regarding connection within the United States varied amongst methods and approaches. The qualitative research studies provided direct responses of

participants' insight into their experience of connection (Antony et al. 2017; Belanger et al. 2018; Chui et al. 2017; Cooke et al. 2016). These responses or case examples supported the use of active listening skills, self-disclosure, reflection, empathic responses, modification of efforts, positive regard and validation as concepts related to establishing, and maintaining connection with patients (Antony et al. 2017; Belanger et al. 2018; Chui et al. 2017; Cooke et al. 2016). The studies' findings due to the qualitative method are not generalizable; however, the studies provided a recurrence of themes related to psychotherapy, allowing for transferability and further research (Antony et al. 2017; Belanger et al. 2018; Chui et al. 2017; Cooke et al. 2016).

Farber et al. (2016) and Haworth et al. (2015) conducted pre-test and post-test quantitative studies regarding the concept of connection and identified empathy, self-disclosure, and responsiveness as essential concepts related to establishing connection. A significant strength of Farber et al. is the recognition of therapists' efforts to achieve connection with the patient during psychotherapy. Haworth et al. completed an initial test, testing connection experience between encounters followed by a second test, which measured the role of self-disclosure in the connection experience. The authors found that the responsiveness to client self-disclosure strengthens the connection experience during psychotherapy (Haworth et al., 2015). This illustrates that establishing and maintaining connections during therapy is a psychotherapeutic responsibility of the psychotherapist. A limitation of Farber et al. study is the use of graduate trainee therapists conducting psychotherapy, whereas Haworth et al. (2015) study focused on the relationship between the client and research assistant. Both studies were not conducted by trained

psychotherapists, who, with their training and experience, may have led to different outcomes in achieving connection.

Professional Skills in Social Work

The professional skills of social work psychotherapists have a relative importance in providing therapy to individuals with a cannabis use disorder and an anxiety disorder. Shah et al. (2018) completed a meta-analysis of the literature on the topic of psychosocial interventions in patients with dual diagnosis and noted that social workers as clinical professionals are likely to work with individuals with comorbid illnesses. This information confirmed previous authors Tartakovsky (2016) and Sharma and Bennet (2015) identifying the significance of social workers working with patients with comorbid illnesses.

Studies of social workers working with individuals living with a cannabis use disorder and an anxiety disorder were conducted in Australia, Canada, and Israel (Kamal et al. 2018; Posselt et al., 2017; Savaya & Zoabi 2017). Posselt et al. (2017) utilized a qualitative research design consisting of data received through a case study method, a questionnaire, and semi-structured interviews. Posselt et al. researched the mental health and alcohol and other drug barriers and facilitators young people with a refugee background living in Australia experience and noted the importance of effective treatment approaches for addressing comorbid illnesses of mental health and substance use. This approach to the study allowed exploration of the participants' experiences and awareness; however, the study contained limitations related to generalizability (Posselt et al., 2017). These studies reflect the global representation of the importance of providing

clinical treatment services, which includes psychotherapy to individuals living with a cannabis use disorder and an anxiety use disorder (Kamal et al. 2018; Posselt et al., 2017; Savaya & Zoabi 2017).

College Students and Mental Health

Young adults, which likely include college students, have been found to experience anxiety at a high rate during this challenging phase of life, with an increased risk of having a comorbid illness of a substance use disorder (Kedzior & Laeber, 2014; Posselt et al., 2017). College students who use cannabis are likely to experience social consequences because of their use, affecting their academic performance and potentially delaying graduation from college (Arria et al., 2015; Blevins & Khanna, 2016). Also, research shows that college students who smoke cannabis are likely to experience enrollment gaps and delay in graduation (Arria et al., 2015). Arria et al. (2015) and Blevins and Khanna (2016), both agreed that treatment of cannabis use amongst college students is essential for minimizing risks related to use, avoiding comorbid illnesses, increasing retention, improving GPA performance, and increasing graduation rates.

Addressing college students' comorbid illness of cannabis use disorder, and anxiety disorder through psychotherapy treatment will likely support their academic success, and completion in colleges and universities. Doerfler et al., (2015) found that colleges and universities were unable to support college students' need for treatment interventions for comorbid illnesses such as anxiety disorder and cannabis use disorder. Increasing physical activities to establish policies that support college students' mental health are practical approaches to addressing mental health problems on college

campuses and universities (Goodwin, 2016; Ozmaden & Tanir, 2018). Professional intervention in the form of psychotherapy treatment can equip college students diagnosed with a cannabis use disorder and an anxiety disorder with the skills to form healthy connections in their relationships.

Anxiety Disorder

For this research, the *DSM-5* definition of anxiety disorders is used. An anxiety disorder is any disorder that is found within the anxiety disorder chapter of the *DSM-5*. Anxiety disorder is an experience of muscle tension, vigilance in preparation for imminent danger, and avoidant behavior lasting six months or longer and may consist of physiological symptoms such as rapid heart rate and feelings of unreality (APA, 2013). The *DSM-5* has identified the following anxiety disorders within the spectrum of anxiety disorders: separation anxiety disorder, selective mutism, specific phobia, social anxiety disorder, panic disorder, agoraphobia, generalized anxiety disorder, substance/medication-induced anxiety disorder (APA, 2013). Each type of anxiety disorder has its diagnostic criteria; however, this study does not single out a specific anxiety disorder, instead focuses on the term or anxiety disorders in general and not a specific diagnosis.

Baldwin and Rochester (2015) identified separation anxiety disorder as an experience of excessive anxiety or fear regarding separation or abandonment from individuals with whom one has a close relationship. The authors went on to note that individuals with a separation anxiety disorder experience impairment in social functioning and work functioning and, as a result, need to achieve and maintain

interpersonal relationships (Baldwin & Rochester, 2015). Much like separation anxiety disorder, interpersonal relationships are significant for recovering from an anxiety disorder. The APA (2013) identifies social anxiety disorder as an individual having fearful, anxious experiences with avoidant behavior towards social interactions that may lead to scrutinization. Altmann et al. (2018) noted that individuals with a social anxiety disorder might experience social challenges resulting from an insecure attachment style, which can explain the experience of failure to achieve interpersonal goals.

Generalized anxiety disorder, as identified by the APA (2013), refers to an anxiety disorder with persistent and excessive anxiety with worrying about various domains that involve the individual's performance in areas including work and school. Allemand et al. (2018) noted that the worry experience in generalized anxiety disorder is a maladaptive approach to avoid experiencing anxiety with a circular relationship between stress symptoms and unhealthy worrying. Generalized anxiety disorder has been known to be associated with other mental disorders and can lead to a reduced quality of life if left untreated (Bonevski et al., 2017).

Selective mutism is an anxiety disorder resulting in an individual's difficulty speaking in social situations where they are expected to do so and often talk in other more familiar social settings such as the home (APA, 2013). Specific phobia is an individual's experiencing fear and or anxiety about or in avoidance of objects or situations within a space or boundary (APA, 2013). Panic disorder has been described as an individual experiencing recurrent and unexpected panic attacks with a repetitious concern or worry about experiencing panic attacks (APA, 2013). Individuals with agoraphobia experience

fear and/or anxiety regarding the use of public transportation, being in open and closed places, having to stand in line or a crowd, or being alone outside of their home (APA, 2013). Substance/medication-induced anxiety disorder is anxiety due to intoxication or withdrawal from a substance such as illicit drugs or medication treatment (APA, 2013). Anxiety has been noted as an adverse effect of cannabis use and is also a withdrawal symptom within dependent cannabis smokers (Bloch et al., 2015).

There are many collegiate and personal responsibilities that may threaten college students' mental health in the form of anxiety, which, left untreated, may develop into a disorder (Aryeetey et al., 2016; Doerfler et al., 2015). Clinicians providing therapy have indicated that anxiety is the number one presenting a concern for college students in psychotherapy, utilizing a vast amount of treatment resources and can be problematic for colleges and universities (Center for Collegiate Mental Health, 2018). From a sample of 59,208 college students who sought psychotherapy treatment in the 2016-2017 academic year, anxiety was reported as the most serious concern, with 62.2% of participants reporting anxiety as a concern, and 24.1% reporting anxiety as the primary concern (Center for Collegiate Mental Health, 2018). In sum, the experience of having an anxiety disorder for college students may be central to their experience as college students.

Alonso et al. (2017) found that individuals with an anxiety disorder are less likely to seek treatment due to barriers such as stigma and noted the possibility of a significant lack of adequate treatment to address an anxiety disorder. Also, Brinck-Claussen et al. (2017) recognized that individuals living with an anxiety disorder do not gain enough treatment and recognition that they are living with a mental illness and note a need for

improved therapy within psychotherapy treatment services for this population.

Pharmacotherapy consisting of medications and psychotherapy has been identified as effective methods for treating an anxiety disorder (Bonevski et al., 2017).

Psychotherapeutic treatment to treat an anxiety disorder may differ within the different therapeutic methods.

Amongst the different psychotherapeutic techniques to treat an anxiety disorder, cognitive-behavioral therapy (CBT) is highly effective in comparison to medications (Hebbar & Romero, 2018). Although the study sample contained individuals living with a panic disorder, the quantitative study sought to explore the effectiveness of CBT with patients diagnosed with an anxiety disorder from the different types of anxiety diagnoses (Hebbar & Romero, 2018). Other forms of psychotherapy have been deemed effective in treating anxiety disorder, such as psychodynamic therapy (Bonevski et al., 2017; Clark et al., 2016). Although CBT has been deemed enough to treat anxiety disorders, Hebbar, and Romero (2018) found that a significant problem for individuals with an anxiety disorder is that there is a 73% drop out rate from therapy for individuals receiving CBT.

Cannabis Use Disorder

The APA (2013) identifies cannabis use disorder as a significant clinical impairment or distress as manifested by two or more of the diagnosing criteria within 12 months. Figure 1 has the complete criteria for cannabis use disorder. Cannabis use is distinguished from cannabis use disorder as evidenced by the *DSM-5* criteria for diagnosis requiring an individual to meet at minimum two criteria within 12 months (APA, 2013; Brezing & Leving, 2018). In their narrative review of the literature, Ghose

et al. (2017) distinguished cannabidiol (CBD), a cannabinoid in cannabis, from tetrahydrocannabinol (THC), as the anxiolytic component of cannabis that has a positive effect on coping with anxiety. The authors argued that the anxiolytic effect individuals with an anxiety disorder experience when they smoke cannabis is due to a higher CBD to THC ratio in the strain of cannabis (Ghose et al., 2017).

Cannabis use disorder has been identified as the second most cited reason for young adult college and university students to enter substance use treatment (Blycker et al., 2017). Lalonde et al., (2015), noted in approximation, one-third of college students used cannabis and found in their study that craving for cannabis, which is a symptom of a cannabis use disorder, affected college students' academic motivation and performance. The use of cannabis as a coping behavior to cope with anxiety may lead to cannabis-related problems (Buckner et al., 2017). People with a comorbid illness of cannabis use disorder and an anxiety disorder who continue to use cannabis may have negative experiences such as relationship and social problems, failure to fulfill important obligations, and increased anxiety. (Brezing & Leving, 2018; Ghose et al., 2017).

Within the USA, cannabis use increased from 10.61% in 2008-2009 to 17.10% in 2018-2019, amongst individuals 18 years plus (Substance Abuse and Mental Health Services Administration, 2020). In their study, Dierker et al., (2017), stated that research suggests cannabis use is not associated with increased anxiety. These findings conflict with research supporting associations between anxiety and cannabis use (Kedzior & Laeber, 2014). In a review of the literature, Hanna et al., (2017) noted an increased experience of anxiety related to cannabis intoxication. This is further supported by

Anderson et al. (2015) and Brezing and Leving (2017), who noted that there is a positive association between anxiety and cannabis use with individuals using cannabis to cope with anxiety and may adversely experience anxiety resulting from cannabis use withdrawal.

Treatment for Cannabis Use Disorder and Anxiety Disorder

Continued use of cannabis to cope with anxiety may be due to the experience of the cannabis use disorder withdrawal symptom of anxiety (Cerda et al., 2018; McRae-Clark & Sherman, 2016). McRae-Clark and Sherman (2016) conducted a review of existing literature on cannabis use disorder and effective treatments; they noted a need for psychotherapy due to the lack of efficacy of solely pharmacology interventions. Adams (2015) and Shah et al. (2018) agreed that comorbid illnesses of cannabis use disorder and anxiety disorder require psychotherapy interventions for patient improvement and healthy coping. Adams noted that individuals with comorbid cannabis use disorder and an anxiety disorder might prevent recurrence of their symptoms by making lifestyle changes using psychotherapy. In addition, Shah et al. suggested therapy focused on relapse prevention, motivational interviewing, and cognitive behavioral therapy techniques to work with individuals living with a comorbid illness.

Although psychotherapy treatment has been identified as a beneficial treatment approach for individuals living with a comorbid illness, participating in treatment may be a challenge for individuals with cannabis use disorder and an anxiety disorder. Individuals living with a cannabis use disorder and an anxiety disorder are less likely to participate in treatment services due to their use of cannabis to cope with their anxiety

(Kamal et al., 2018; Posselt et al., 2017). According to Buckner et al. (2017), some use of cannabis to cope with an anxiety disorder is a recreational coping strategy for the regulation of emotions, which is different from managing emotions through medications prescribed by a medical doctor. However, Savaya and Zoabi (2017) and Simonova (2017) argued that patients with an anxiety disorder during psychotherapy treatment develop skills for regulating their emotions by mirroring the therapist's regulation of their own emotions. Watchel (2017) refers to this mirroring of the therapist's regulation as a reciprocal interaction between therapist and patient engaging in relatedness during psychotherapy.

The literature contains relevant information regarding the importance of making efforts to improve psychotherapy treatment. McRae-Clark and Sherman (2016) discussed the importance of improving psychotherapy treatment for individuals with a cannabis use disorder to overcome significant barriers of stigma and mental health problems such as anxiety disorder. This is significant to Cerda et al. (2018), who concluded that psychotherapists should increase their evaluation of cannabis use for patients with an anxiety disorder. Individuals who use cannabis to cope with anxiety have an increased risk of developing a cannabis disorder and recommended that individuals who use cannabis and suffer from anxiety seek treatment (Atakan et al., 2009; Cerda et al., 2018; McRae-Clark & Sherman, 2016). Concurrent treatment of both cannabis use disorder and an anxiety disorder may likely be the most viable approach.

Psychotherapy treatment for cannabis use disorder and an anxiety disorder consists of an evidence-based approach that utilizes a psychosocial evaluation, followed

by agreed psychotherapy interventions such as CBT or psychodynamic psychotherapy (Gordon, 2019; Merrill & Stubbs, 2019). Individuals with comorbid illnesses may receive treatment in a group therapy setting or a private setting comprised of individual therapy (Cook et al., 2017). Pharmacotherapy, which is a combined approach of medication management and psychotherapy for the treatment of cannabis use disorder and an anxiety disorder, is an additional form of therapy (Aalto-Setala et al., 2016; Brezing & Levin, 2017). Psychotherapy interventions have been found to have successful treatment outcomes as a treatment approach for treating comorbid illness of cannabis use disorder and anxiety disorder; however, there is a need for improving psychotherapy treatment intervention (McRae-Clark & Sherman, 2016).

There are different factors that may affect the successful progression of psychotherapy treatment experience. The therapist's limited specialty to treat only one illness or negligence of guidelines opting to use an approach based on personal attitudes to treatment of comorbid illnesses can negatively impact the psychotherapeutic treatment of cannabis use disorder and anxiety disorder comorbid illness (Pinderup, 2018). In addition, the experience of craving symptoms to use cannabis by individuals with a comorbid illness of cannabis use disorder and an anxiety disorder disrupts the course of treatment and follow up with appointments due to relapse or prolonged use of cannabis during treatment (Buckner et al., 2016; Pinderup, 2018). However, McHugh (2015) and Brezing and Levin (2017) noted that evidenced-based psychotherapy treatment focused on coping or managing anxiety along with incentivizing abstinence from cannabis use would lead to better treatment outcomes.

Bakhshaie et al. (2018) conducted a randomized trial experiment examining cannabis use disorder with a sample of 55 individuals ranging from 18 years old to 65 years old who met the criteria for comorbid illnesses of cannabis use disorder and an anxiety disorder. The authors found the association between cannabis use disorder and an anxiety disorder requires the simultaneous therapeutic intervention of both diagnoses to improve treatment outcomes and decrease barriers towards healthy prognosis post-treatment (Bakhshaie et al., 2018). Kamal et al. (2018) utilized survey questionnaires in their study related to cannabis use disorder and anxiety disorder, with 14% of the sample of 442 participants reporting having anxiety as an adverse reaction to cannabis use. The authors concluded that the effectiveness of cannabis to treat anxiety relied on the identification of specific strains or types of cannabis that have anxiolytic effects (Kamal et al., 2018). However, Bakhshaie et al. found that integrated cannabis and anxiety reduction treatment and motivation enhancement therapy combined with cognitive-behavioral health therapy resulted in a decline in patients experiencing anxiety after treatment.

Summary

What is known in the literature is that connection in psychotherapy is an essential component of the therapeutic process when working with college students. What is not known in the literature is social work psychotherapists' perception of the establishment and maintenance of connection during psychotherapy with college students living with a comorbid illness of an anxiety disorder and cannabis use disorder. This research will fill a gap by concentrating exclusively on LCSWs' perceptions of connection in psychotherapy

with college students living with an anxiety disorder and cannabis use disorder during psychotherapy sessions. The social work profession will benefit from the results of this study, as identified themes could be used to develop practical steps for achieving connection with college students during psychotherapy. Social work therapists' improved achievement of connection with this population enhances the therapeutic experience, resulting in improved treatment outcomes for college-student clients. Young adult college students living with an anxiety disorder and a cannabis use disorder ability to connect with their psychotherapist during psychotherapy may likely gain the experience of applying relational skills related to connection in their interpersonal relationships and achieve connection with others. Improved treatment outcomes with comorbid young adult college students living with anxiety and cannabis use disorders will likely enhance their academic knowledge and ability to complete college.

Chapter 3: Research Method

The purpose of this study was to understand how connection is established and maintained in the therapeutic relationship between LCSW psychotherapists and college students living with an anxiety disorder and cannabis use disorder and its perceived effect on the therapeutic outcome. The generic qualitative approach was the method of inquiry. Interviews were conducted to understand how LCSWs experience connection working with the identified population. This chapter contains a review of the research questions, identifies the research tradition, and provides a rationale for the selected research tradition. Concepts and phenomena central to the completion of the study will be defined. The researcher's role is identified and explained, along with discussing participants' relationship to the researcher and any other ethical concerns. Within this chapter the research methodology is discussed in detail, identifying, and explaining the sample and instrumentation used in the study for collecting data and the data analysis plan. This chapter contains a review of trustworthiness items, such as the study's credibility, transferability, dependability, confirmability, and approaches to maintain ethical standards throughout the study.

Research Design and Rational

Research Questions

RQ 1 – What are LCSW psychotherapists' perceptions of establishing connection during the therapeutic process when working with college students living with an anxiety disorder and cannabis use disorder during the psychotherapy session?

RQ 2 – What are LCSW psychotherapists’ perceptions of maintaining connection during the therapeutic process when working with college students living with an anxiety disorder and cannabis use disorder during the psychotherapy session?

RQ 3 – What are LCSW psychotherapists’ perceptions of barriers to connection during the therapeutic process when working with college students living with an anxiety disorder and cannabis use disorder during the psychotherapy session?

Concepts and Phenomenon Definitions

The LCSW is a professional who has a master’s in social work degree from an accredited college or university, completed 2–3 years of postgraduate clinical supervision, and passed the Association of Social Work Boards (ASWB) examination to obtain the credential or title of LCSW (Thyer, 2011). Connection is the therapist’s and patient’s ability to experience shared relational components of belonging (Knight, 2016; Wiseman, 2017). The term *college students* within the study refers to individuals who have been enrolled or are enrolled in a college or university during treatment. *Comorbid illness* is the occurrence of two or more disorders or illnesses in an individual, at the same time or after each other, and which have the potential to worsen each other (National Institute on Drug Abuse, 2018). Psychotherapy is applying a therapeutic intervention to treat psychological deficits, resolution of conflict, personal development, and nurturance of self (Abbass et al., 2018; Karasu, 2015).

Research Tradition and Rationale

Qualitative research was the chosen research tradition. A generic qualitative research design was an appropriate research inquiry for this study because this design

allows a researcher to understand the participants' experience with the phenomenon, the content of opinions, and subjective data (Kostere et al., 2015). Generic qualitative research utilizes in-depth interviewing as a method for answering straightforward questions (Patton, 2015). The type of generic qualitative research methodology is the generic qualitative interpretive description (Kahlke, 2014).

The study aimed to provide an understanding of how licensed psychotherapists experience connection in a clinical setting, which aligns with this research method. The interpretive description informs the researcher of the clinical process and allows the researcher to obtain clinical findings, which further supports the clinical field by applying research findings (Hunt, 2009; Kirkham et al., 2004). Kahlke (2014) described interpretive description as a basic qualitative method designed for answering epistemological questions related to a phenomenon of clinical practice. Interpretive description qualitative research design allows the obtainment of data based on the research subject's subjective experience and to explore the experiences of clinicians within their clinical practice (Kahlke, 2014; Kirkham et al., 2004).

Role of the Researcher

A qualitative research study's primary instrument is the researcher; therefore, the researcher's role is understood within the components of positionality and social location (Carl & Ravitch, 2016). Positionality is the researcher's role and relationship with the participants, and the social location is the researcher's identity markers, which include gender, social class, race, sexual orientation, and national origin (Carl & Ravitch, 2016). The role of the researcher is also guided by ethical and methodological considerations

(Babbie, 2017). I had significant roles within the study and will discuss these roles within their positionality and social location.

I am a heterosexual male who is an immigrant and identifies as American Indian, and currently in a heterosexual relationship; the researcher is also a father and grandfather. Components of positionality are related to professional credentials, experience, expertise, and current practice. My professional credentials are LCSW and licensed chemical dependency counselor (LCDC). With these credentials, I can practice independently in the behavioral health field as a psychotherapist and or clinician providing psychotherapy services.

As a social worker, I am a member of the NASW and a colleague by profession to the study participants, with over 10 years of experience providing clinical services to patients with comorbid illnesses. As a psychotherapist, I provide services that include biopsychosocial-spiritual assessments, discharge planning, individual sessions, group, and family sessions, all of which require connection while working with the patient or client. My role in the study is that of an interviewer. As an interviewer, I will take measures to ensure that my professional experience will not bias the process of analysis. Participants will be made aware of my profession and current credentials; further efforts to address potential bias include providing accurate and sufficient information regarding the participants' responses. I reviewed the study's objective and discussed the study's process, research questions, and purpose of the study with the participants. I also allowed participants time to ask questions and or share concerns related to the study.

The study's LCSW participants were interviewed on their experience of connecting with their patients during psychotherapy. Patton (2015) stated that qualitative interviewing is used to develop and derive information about the participants' experience. As the interviewer, I avoided seeking to obtain information leading to a position for or against cannabis use. I also avoided achieving an interview goal of selecting preferred or most effective coping strategies to cope with an anxiety disorder and or cannabis use disorder. The central focus of my role as an interviewer is to understand how LCSWs experience connection during therapy with college students living with a comorbid illness of cannabis use disorder and anxiety disorder.

I did not recruit any colleagues from my place of employment or individuals I supervise or formerly supervised. The LCSW is an independent license that supersedes the LMSW. Concerns of power over relationships, such as the researcher-participant relationship and confidentiality, were addressed through the informed consent process, meaning that the consent clarified that the purpose of the relationship is solely related to the research study. Carl and Ravitch (2016) noted that bias is expected in research and that qualitative researchers are responsible for developing methodologies to address researcher bias systematically.

Babbie (2017) shared that researcher bias in coding occurs through the researcher's interpretation of the data. Carl and Ravitch (2016) noted that bias through the researcher's interpretation of the data and other potential researcher biases that may emerge in the design could be addressed by peer debriefing, an essential part of the data analysis process that entails discussing the analysis progress and emergent findings. To

further address researcher bias, I utilized peer debriefing during the research study through communication with my chair during conference meetings regarding the process and progress of the study.

Methodology

Participant Selection Logic

The study's population were LCSWs who provide psychotherapy services to college students who are diagnosed with a comorbid illness of an anxiety disorder and cannabis use disorder. The study's research sample consisted of only LCSWs as the research question is addressed through the perception of the psychotherapists. In their study exploring the views of clinicians on the treatment process, De Haan and Lee's (2014) research study's sample consisted of only the therapists, as they approached the study and addressed the aims of the study from the perspective of the therapists. I sought to understand connection in the psychotherapy relationship between LCSWs and college students with the identified comorbid illness by understanding the perception of the LCSWs. The sampling strategies I used in the study are purposive sampling and snowball sampling. Purposive sampling allows the selection of participants who have direct experience regarding the phenomenon and has been chosen for their expertise and ability to provide detailed context material (Carl & Ravitch, 2016). Purposive sampling is also used to obtain data from research participants who are available, willing, and able to provide information expressively and articulately (Alkassim et al., 2016). The criteria on which participants were selected were also related to purposive sampling. Snowball sampling was utilized to request assistance from participants who participated in the

study to recommend or refer individuals whom they knew met criteria for participation in the study (Carl & Ravitch, 2016).

The population were LCSWs; however, the sample was not limited to LCSWs who worked in a college setting. Instead, the sample consisted of LCSW social workers who provided psychotherapy treatment services to college students living with a comorbid illness of an anxiety disorder and cannabis use disorder. The psychotherapy treatment may have taken place in a private practice setting, college setting, psychiatric hospital or behavioral health hospital setting, substance use treatment setting, or any other treatment setting in which psychotherapy services are provided. The following criteria were required for the participants in the research study. Participants were selected on their credentials as LCSW and licensed within the United States of America. These LCSW psychotherapists were required to have experience providing psychotherapy to an individual who reported to be a college student with a comorbid illness of an anxiety disorder and cannabis use disorder. Participants were known to meet the criteria by having a current LCSW credential within the United States of America and acknowledged that they provided services to college students living with comorbid illnesses of an anxiety disorder and cannabis use disorder.

The research participants confirmed that they have the credentials to participate in the study via self-report. To determine eligibility the following question was asked: “Do you have experience providing psychotherapy to college students with an anxiety disorder and cannabis use disorder?” Participants who answered “yes” met the criteria to participate in the study. The emphasis placed on saturation by the purposive sampling

method raised the possibility that the sampling size may increase in the study (Alkassim et al., 2016). This is necessary for achieving saturation; hence the intended range of participants for the study was within 12–15 participants. According to Eccles et al. (2010) and Sandelowski (1995), 10–13 participants are required for this type of generic qualitative research study.

In qualitative research, the sample size is influenced by saturation, which is achieved when the data provides the answers to the research question, and there is no new development of information (Burkholder et al., 2016). Sampling in qualitative research changes and may increase within the research design until saturation is achieved or until the information in the data becomes repetitive, lacking new substance (Alkassim et al., 2016). Saturation and sample size are essential for ensuring transferability in qualitative research, ensuring the results of the study can be implemented by others (Constantinou et al., 2017). The researcher is expected to adhere to the implementation of saturation in the study and not deter from the process because of its relation to sampling (Saunders et al., 2018), meaning that it is the emerging themes that are saturated, not the raw data; therefore, sampling is finalized when there are no new emerging themes (Constantinou et al., 2017).

Achieving saturation relies on having enough data resulting in replication and redundancy in the data reflecting themes related to the phenomenon and research question (Constantinou et al., 2017; Saunders et al., 2018). The absence of new codes or themes indicates that saturation has been met, resulting in a discontinuation of the recruitment process (Saunders et al., 2018). Hence, the recruitment process stopped when

saturation has been met. Saturation of the data is a decisive phase in the research analysis that demonstrates conceptual power for transferability and shows that the data is valid (Constantinou et al., 2017; Saunders et al., 2018).

Data were collected from social workers recruited from the following sources: Walden University research participant pool, NASW, NASW Texas, NASW Colorado Chapter, NASW Oregon, Washington State Society for Clinical Social Work, The Association for Addiction Professionals, Houston Psychoanalytic Society, Texas Association of Addiction Professionals, NAADAC, Houston Psychoanalytic Society, and LinkedIn. Permission to contact individuals was achieved by contacting the organizations and obtaining assistance with the recruitment process. The recruitment process included a flyer distribution to members explaining the research and inclusion criteria. Individuals interested in the research who contacted me were provided with the consent information via email, to participate in the study.

Instrumentation

According to Patton (2015), the researcher is the instrument in qualitative research. The researcher in qualitative research utilizes open-ended questions to obtain enough data with as minimal limitations as possible due to the use of closed-ended questions (Chenail, 2011). As the instrument of the study, by requirement, I developed a questionnaire protocol to obtain data in response to the research question. Patton emphasized the importance of the researcher to provide information demonstrating their credibility in completing the study. As the researcher, my credibility in completing the study related to my completed coursework within the Walden University doctoral

program, illustrating that I met the requirements and advanced to conducting and completing the research study.

The interview guide approach covers the topics and issues in advance, by determining the questions' sequence and which questions may require follow-up probing questions (Patton, 2015). According to Patton (2015), the interview guide also provides a comprehensive and systematic process for collecting data from each participant and allows for interviewer autonomy in deciding which questions to explore further. As a result, the interview was semi structured. The semi structured interview format, which uses several questions of importance to the study and allows the interviewer to pursue information that came up during the interview session; however, which may not have been in the protocol, is appropriate for healthcare-related studies as it provides structural guidance during the interview (Chadwick et al., 2008). The semi structured approach allowed for the use of an interview guide matrix for aligning the interview questions (Hamzah et al., 2018).

As part of this study, I used an interview guide matrix for aligning the interview questions. Patton's (2015) noted the significance of using the skilled question formulation set, including experience and behavior questions, opinion and values questions, and knowledge questions for developing the instrument. Examples of the interview protocol questions were "How do you define connection during psychotherapy?" and "What is your understanding of connection during psychotherapy?" (see Appendix for the complete interview guide). The interview protocol allowed consistency with what's asked of each participant in terms of key questions explored; and further allowed for flexibility

in follow-up questions for exploring the participants' responses. Before data collection, there was a trial interview with a social work colleague who met criteria for participating in the study. The purpose of the trial interview was to test the interview guide questions. This social work colleague was not a part of the research study sample. The interview guide was subject to change as needed due to the data obtained from the trial interview session. Adjustments were made to the interview prompting questions to increase alignment with the qualitative research design, of which the changes were not required to report to the IRB.

Procedures for Recruitment, Participation and Data Collection

In this research study, data were collected via video conference, with social workers who are LCSWs within the United States. The research participants were recruited from the following sources: Walden University research participant pool, the NASW, NASW Texas, NASW Colorado Chapter, NASW Oregon, Washington State Society for Clinical Social Work, The Association for Addiction Professionals-NAADAC, Houston Psychoanalytic Society, Texas Association of Addiction Professionals, and LinkedIn. Permission to contact individuals was achieved by contacting the organizations and obtaining assistance with the recruitment process. The process consisted of distributing a flyer to members, explaining the research and inclusion criteria. Individuals who qualified and were interested in the research contacted the researcher to express their interest. A flyer highlighting the research components was utilized to recruit participants, by posting the flyer on the identified sites or sending an email to participants within the identified organizations. The follow-up plan, if

recruitment resulted in too few participants, was to repeat the recruitment effort utilizing the same sources and to explore additional options such as contacting State and local social work departments and NASW organizations directly, to obtain their assistance.

Individuals who contacted me, expressing that they are interested in the study, were briefly interviewed to determine whether they met the inclusion criteria. Inclusion criteria entailed whether they were LCSWs within the United States, who provided or have provided services to a college student, living with a comorbid illness of an anxiety disorder and cannabis use disorder. The current health situation due to COVID-19 and need for social distancing has led to the requirement to consider alternative interview methods such as video conference services via Zoom (Hoffman et al., 2020). Participants were asked to meet with me, the student researcher, via a video conference call via Zoom that was expected to last no more than 10 minutes to establish study eligibility and to discuss informed consent and study purpose. Approved individuals were then asked to review the consent form (that will be emailed to them prior to the initial Zoom meeting) and provide verbal consent to participate in the study. Participants were also asked to sign the consent form and send the signed consent form via email. I also signed the consent form and returned the signed consent forms to participants via an encrypted email.

Interviews were scheduled on a weekly basis until all participants were interviewed. The interview time frame was 45 minutes to 1 hour. A cell phone recorder was used during the interview to minimize technical difficulties in recording the interviews, and to ensure maintenance of confidentiality. The use of the cell phone recorder aided in the transcription process as there was software that allowed for the

interviews to be transcribed easily from the cell phone recorder. Participants were allowed time to express any concerns or ask questions they may have related to the interview, their experience in the interview, and the study. Participants were also able to follow up with me if they had any questions or concerns. Participants were asked to provide consent for follow-up during the interview process.

Data Analysis Plan

Noting that LCSW psychotherapists were interviewed regarding therapy provided to the identified population in an individual psychotherapy treatment environment, and not services or interaction in a case management setting, is important to examine the process of considering certain elements of the therapeutic environment that might serve to influence and inform the analysis findings. The data were collected as stated, utilizing a cell phone recording device, namely the recording feature on a cell phone recorder. The recorded data were transcribed using an In vivo data analysis transcription software. The ethics of analysis within this study were achieved through researcher transparency, documentation, and reporting of any identified bias. Walden University (2019) requires that data information be stored for a minimum of 5 years post completion of the dissertation in two different locations. The coding method which was used in this study is in vivo coding. Saldana (2016) describes in vivo coding as a form of inductive coding, which seeks to present codes as it relates directly to the participant's statements. Codes were selected and determined as they emerged through significant statements related to the research question and the phenomenon. The analysis approach for analyzing the coded data was thematic analysis. Thematic analysis was the appropriate analysis method

for this study, as research shows that it is compatible with the generic qualitative research design, and the coding method of In vivo coding (Kostere et al., 2015; Saldana, 2016).

Thematic analysis was the process of analyzing qualitative data obtained from semi-structured interviews and is considered an extension of what the data is about or what the data means (Kostere et al., 2015; Saldana, 2016). A form of thematic analysis called inductive analysis was utilized in the research study. Inductive analysis is a form of thematic analysis that provides a step-by-step analysis of which the collected data from participants are analyzed individually, and the themes obtained from the repetitive patterns are synthesized (Kostere et al., 2015). The inductive analysis method entails reviewing the data, coding any information related to the research question, and coding the comparable data and any connecting data (Kostere et al., 2015). Codes that are connected or related are placed in categories, which are analyzed for emerging themes, followed by a detailed analysis of each theme, then combine this detailed analysis of each theme for all the participants, and finally a synthesis of the themes reflecting the data collected about the research question (Kostere et al., 2015). Discrepant data identified within the coding process were analyzed, recorded, and reported in the research findings (Afzal et al., 2008). The inductive analysis ensured that the analytical process reflects the thematic analysis approach, strengthening rigor within the study.

Issues of Trustworthiness

This section will cover issues of trustworthiness within the study. Trustworthiness in qualitative research is also known as validity and rigor, and it is defined as a process of systematic inquiry to ensure the quality of the research process, ensuring that the quality

of the research findings is consistent and attainable through the integrity of being socially impactful (Carl & Ravitch, 2016; Closs & Hadi, 2016; Farrelly, 2013; Patton, 2015). The criteria for trustworthiness within the research study are credibility, dependability, confirmability, and transferability, which will be established by the methodological technique, of peer debriefing (Carl & Ravitch, 2016; Closs & Hadi, 2016; Farrelly, 2013; Patton, 2015). Closs and Hadi (2016) noted that peer debriefing as a methodological technique which is useful for addressing trustworthiness. Within this study, I utilized peer debriefing and professional consultation via the Walden University Center for Research. This helped to establish trustworthiness and ensured that the research findings are accurate and directly attributable to what the participants perceived and experienced as well as the research design and process.

Credibility

Credibility is defined as presenting the research findings in detail, reflecting reality (Constantinou et al., 2017). According to Patton (2015), achieving credibility in qualitative research consists of in-depth fieldwork, including the sampling strategy, the analysis process, and the researcher's ability to conduct the research and readers' analysis of the research findings. The sampling plans were purposive and snowball sampling strategies which ensured that a credible source could provide primary data. The analysis process is a thematic analysis, a credible analysis process for the generic qualitative research design. Credibility was also achieved through credible readers of the research findings, such as the mentor/chair and committee member who reviewed and provided feedback regarding the study's content.

The sampling processes used in the study were purposive and snowball sampling process. Researcher bias were addressed during the sampling process, due to the use of purposive and snowball sampling, significantly due to participants' being selected purposively because of their expertise, and the snowball process of participants engaging in the recruitment process (Patton, 2015). Third party individuals were provided with the recruitment flyer to provide to their network or potential participants as applicable, to contact me directly for more information regarding participation in the research study, if they were interested. My professional experience as a psychotherapist, my ability to conduct interviews, and my graduate course process, which reflects academic professors' and dissertation committee's guidance, added credibility to the research study.

Transferability

Transferability is defined as transferring the research results to other individuals, settings, or situations (Constantinou et al., 2017). Providing adequate information on the study, which allows readers to apply the findings in similar contexts, results in transferability (Patton, 2015). Thick description is the detailed description of the research process and provision of participants' experience of the phenomenon in their own words (Closs & Hadi, 2016; Patton, 2015). Transferability is further achieved through the thick description of the research process and findings, allowing readers to apply the results in similar contexts due to the complexity of the research. (Carl & Ravitch, 2016).

Transferability was demonstrated in the research study through thick description by provision of accurate and adequate documentation of the research process and findings.

To further support thick description, data were collected, including participants' geographical location, age, race/ethnicity, gender, and length of years as a LCSW.

Research findings will be contextualized with quotations from the participants and added to the research findings to enrich the context (Carl & Ravitch, 2016). According to Ponterotto (2006), contextualizing the research findings requires a thick description of the data collection and analysis process. A thick description includes providing detailed information on the interview setting, data collection, the inclusion of extensive quotes from the participants, and a specific discussion section of the research findings (Ponterotto, 2006). Through thick description, readers will have the opportunity to reflect on the research findings and the application of the research findings within their context and relation to the research questions.

Dependability

Dependability is the research study's ability to be replicated and achieve similar results due to having detailed information of the steps taken in the study (Constantinou et al., 2017; Cope, 2014). Patton (2015) described dependability as the researcher's ability to provide logical and traceable steps regarding the research process. Dependability was illustrated by keeping a research journal creating an audit trail of the interviews and analysis process, including documenting dates. An audit trail supported the trustworthiness of the qualitative study (Patton, 2015).

Confirmability

Confirmability ensures that research findings reflect research participants' presentations, such as their thoughts and experiences (Constantinou et al., 2017).

Confirmability can be accomplished by describing how research findings were established, provision of substantive quotes from research participants, and constructing an audit trail (Carcary, 2009; Cope, 2014). Patton (2015) emphasized the importance of keeping an audit trail to limit or minimize bias, increase accuracy, and provide an impartial report of the research findings. The audit trail consisted of the following items, the dissertation completion process, draft submissions of the dissertation, and the completed dissertation.

Ethical Procedures

The ethical procedures to ensure an ethically structured study included Walden University IRB standards for research ethics. Maintenance of participants' confidentiality, provision of informed consent for participants to decide whether they would like to participate in the study or discontinue at any time, and accurate reporting of the research process were ethical procedures in the study. Ethical standards were further maintained by ensuring that the participants and research process reported in the research study were applied.

Changes or adjustments in the research design were explained and reported to further maintain ethical standards. Patton (2015) noted the importance of providing compensation for the participants' time, which is considered reciprocity. Although Carl and Ravitch (2016) expressed skepticism regarding monetary token of appreciation as a form of reciprocity, the authors considered it appropriate to provide a monetary value gift card ranging from \$5 to \$20. The participants were offered and those who accepted were provided a gift card with a monetary value of \$10. Participants received this gift card

upon completion of the interview or whether they decided to complete the interview or not complete the interview. Providing participants with a gift card did not represent an undue influence, since the monetary value was within a reasonable range of \$5 to \$20.

Ethics in research also required maintenance of a relational approach allowing a reflexive and forthcoming, noting when something is unanswered or when there may be bias towards a subject (Carl & Ravitch, 2016). Additional means of upholding ethical standards and practices were showing respect by being direct, honoring promises by maintaining the participants' confidentiality, not pressuring, by allowing the participant the choice on whether they would like to answer a question or not, not harming, by not exploiting the participants through publishing information that will cause them to experience legal or professional consequences (Rubin & Rubin, 2012). Ethical concerns related to recruitment included, providing informed consent regarding the research aim and content and gaining agreement by research participants' decision to participate in the research study. As part of the recruitment process and to ensure the participants maintained their patients' confidentiality, I at best avoided asking for the participants' identification information.

An ethical concern regarding data collection was ensuring that there is a confidential environment for conducting the interviews and storing data. Carl and Ravitch (2016) noted internal-facing transparency as the researcher's process being transparent with the participants regarding the research study, the study's purpose and process, and findings. Participants' information was identified by codes instead of their real names. Data was stored on a password protected computer that only I have access to. Information

regarding participants' names and email addresses was collected from participants. The demographic form completed by the participants was saved on a password protected computer that only I have access to. As noted in Drake (2014), transcribed interviews and recordings can be electronically stored with password protection. All forms of collected data and consent forms were stored in a password protected computer.

Summary

The research design used in the study was a generic qualitative research approach with a qualitative research interpretive design. The goal of this study was to explore LCSW psychotherapists' perceptions of establishing and maintaining connection, as well as barriers to connection, during the therapeutic process when working with college students living with an anxiety disorder and cannabis use disorder. Connection is the phenomenon within the research study. Purposive sampling was utilized as the sampling strategy with LCSWs as the identified population. Trustworthiness related to credibility, transferability, dependability, and confirmability were discussed. Emergent themes aided in posting study findings. As discussed, required steps were taken during the research process to maintain ethical standards.

Chapter 4: Results

The purpose of the research study was to examine how connection is established and maintained in the therapeutic relationship between LCSW psychotherapists and college students living with an anxiety disorder and cannabis use disorder, and the perceived effect of connection of the therapeutic outcome (e.g., successful completion of psychotherapy treatment). This study contained three research questions, which explored LCSW psychotherapists' perceptions of establishing connection, maintaining connection and their perceptions of barriers to connection during the therapeutic process when working with college students living with an anxiety disorder and cannabis use disorder during the psychotherapy session.

This chapter provides a description of the conduct of the pilot study and relative impact on the research study, the interview setting, the number of participants, and their demographics relative to the study. The data collection process and data analysis are also presented in this chapter, along with evidence of trustworthiness, the study results, and summary.

Setting and Demographics

The interview sessions were conducted via Zoom in a confidential setting, except for final interview, which was completed via an interview questionnaire. Participants via Zoom were engaged and attentive during the interview. Because there were participants who were unable to participate via Zoom due to scheduling reasons, adjustments were made to send the research questions via email to individuals interested in participating in the study. One LCSW elected to participate via the questionnaire.

Participants were required to be an LCSW within the United States; all participants met the criteria. There were no gender or age specifics for participating in the study. Each participant, as expected, had experience working with individuals who were college students and met criteria for anxiety disorder and cannabis use disorder. The eight LCSW participants in the study had experience providing psychotherapy to college students or at least one college student living with a comorbid illness of an anxiety disorder and cannabis use disorder.

Data Collection

A total of eight participants who were LCSWs within the United States were interviewed. These participants reported having 5 years or more credentialed as a LCSW. A practice interview was completed with an LCSW colleague to help me prepare for the actual interviews with study participants. The data were collected primarily within a confined and secure location through semi-structured interviews that lasted 30–60 minutes. The interviews were recorded using a cellular phone recorder. At one point during the data collection period, it became evident collection of data by in-person interviews would be difficult due to challenges with participants' availability to complete the in-person interview. Upon discussing the challenge with my mentor/chair, the university's IRB was contacted, and a request to change the data collection process was made to allow the interview questionnaire to be sent via email to participants. The IRB approved the change, and data were collected via email from one participant only.

Data Analysis

The first step in the analysis process was transcribing the data. The data were transcribed with the use of NVivo software and a manual approach to edit errors within the transcription. Once the data were transcribed, a manual in vivo coding process commenced, which included using the a priori code of relatedness to identify statements relative to each research question. As mentioned, the study included two pre-interview questions, designed to gauge how participants define connection and its purpose to have a better understanding of how to contextualize their responses to the interview questions that involved their experiences with connection. These pre-interview questions were part of the overall interview protocol. However, coding was distinct for these two questions and used only to support analysis of the noted interview questions. Having a clear understanding of participants' definition of connection and its purpose gave context for understanding how participants responses to the interview questions.

Once categories were identified, themes were identified with the use of the theoretical framework of relatedness and the themes relativity to the concept of relatedness, terminologies related to the field of psychotherapy and related concepts. Themes were identified for categories pertaining to each research question, the questions of definition of connection and purpose of connection. Categories were identified into themes utilizing an inductive approach where related categories were summarized into themes. The analysis process contained one stage of in vivo coding and one stage of category identification. Several interview questions, which contained several categories, resulted in containing different themes. Some of the identified themes are attending and

solution focused skills, developing trust to establish rapport, psychotherapist's attunement, and motivating factors for participation in therapy. The codes, categories, and themes will be presented in detail in the Results section later in the chapter.

Evidence of Trustworthiness

In this section, I discuss how trustworthiness has been obtained and the analysis process. Components of trustworthiness to be discussed are credibility, transferability, dependability, and confirmability.

Credibility

Credibility was achieved through the process of engaging in conference calls writing and verbal dialogue with my mentor/chair. I used a flyer and email statement as part of the recruitment process. Part of the recruitment process entailed contacting organizations to request their assistance for posting my flyer on their website. The use of social media is deemed helpful in obtaining participants. The process of using social media involved contacting administrators for certain groups, requesting their permission to post the research study's flyer on their website.

The use of purposive sampling allowed for the recruitment of participants related to the field of social work, licensed as clinical social workers, and who can provide practical and theoretical knowledge regarding the research questions. Through purposive sampling, continued progress was made utilizing snowball sampling as individuals offered to assist with relaying the message and notifying other LCSWs of the research opportunity. This form of sampling process supported the need for a credible research study.

During the study of the research, with the supervision and direction of my mentor/chair, I contacted Walden University's IRB regarding the challenges with recruiting additional participants. Some individuals who were interested in participating in the study expressed difficulty with committing to completing a face-to-face interview. Walden University IRB approved to amend the study's consent form and to email the interview questions to the identified participants to be completed and returned to the researcher via email. The use of email correspondence also provided credibility to the study, ensuring a research trail of the study's process.

Transferability

Transferability was obtained using various methods. An initial component of utilizing transferability is the use of different resources as components of the recruitment process. These resources include PsAIN organization, NASW organization, LinkedIn, and professionals' groups on social media sites such as Facebook. The varied sources for recruitment provided an assorted recruitment of individuals participating in the study. Contrary to the original proposal for this research, participants' geographical location, age, race/ethnicity, and gender were not obtained, for inclusion of the research study. This decision was made in part to support the need to provide and support participants' confidentiality and the confidentiality of their reported clients or participants. However, during the research interview participants were asked to provide their number of years licensed as clinical social workers.

The interviews were held via Zoom and the settings and primarily appeared to be private settings ensuring confidentiality. A cellular phone recorder was used to record

and obtain the data, and the obtained data were transferred to an encrypted transcript within a reasonable time frame to support and ensure confidentiality. Further efforts to obtain transferability are the use of in vivo coding as the coding process, where direct quotations were used from participants' data. The identified in vivo codes were used in the study's findings to support identified themes and the need to indicate thick description in the study.

Dependability

To ensure dependability, I kept a research journal throughout the process of the research study, as well as an audit trail through email correspondences with the research committee and with participants during the recruitment process. Dependability has also been obtained from conference call meetings with the Walden University IRB and a Walden University qualitative research methodologist. Participants' expertise in the field of clinical social work also supports the study's acquisition of dependability.

Confirmability

Confirmability was achieved through the study through the audit trail and use of a journal during the study. The use of in vivo coding further supported the need for confirmability as direct quotes from participants' participation were utilized as codes to complete the analysis and support the identified themes. Correspondence between the researcher and other stakeholders in the study such as, the researcher's mentor/chair, Walden University's IRB, Walden University's qualitative research methodologist, and use of research materials obtained from Walden University's Office of Research and Doctoral Services, fulfilled the need for confirmability within the research study.

Results

In this section of the research study, I explore each research question and the related themes. Identified themes will be supported with related in vivo quotes to ensure the credibility and dependability of the themes. Along with the research questions, two additional questions were explored in the study. These questions were part of the interview questions and sought to understand the participants definition of connection and their understanding of applying connection during psychotherapy. These additional questions will also be applied and explored in this section.

Several in vivo codes were identified. These codes include, “an empathic experience where people can feel emotionally understood;” categories like empathy were indicated as a result. Emergent themes posed for the research questions were identified, and these themes include interpersonal relationship containing resonance and empathy to develop trust and safety, which emerged from the data signifying distinct concepts and constructs related to the research topic and questions. A random selection of in vivo codes from three participants regarding the definition of connection is as follows: “deepens into something that is;” “elements of that deepening become trust and mutuality and curiosity and mutual interest;” “It’s about them knowing that I genuinely care about them, and I think that there is a connection, I guess, if they keep coming back;” “I think it’s a sense of resonating with your patient and they you can see when they’re feeling resonance with what you’re saying and feeling understood.” These in vivo codes were identified as components of the three participants’ statements related to the a priori code of relatedness.

To support the reader's understanding of the research findings in context with the research questions, the next section reviews the definition and purpose of connection as identified by the participants responses. These two concepts were not identified as research questions; however, they were part of the interview questions and deemed necessary to explore in support of recognizing connection as a significant phenomenon with reflected definition and purpose. Exploring participants' definition of connection and insight regarding the purpose of connection in the psychotherapy session allowed me to further understand participants' understanding and responses to the research questions and questionnaires.

This study explored participants' definition of connection during the psychotherapist's session between the psychotherapist and identified client population. The study had eight research participants in total, and the following are their responses regarding this concept within the research interview questions. The study contained one a priori code, relatedness, identified from the theoretical framework of relativity. Upon analyzing participants' response and obtaining a theme related to the definition of connection during the psychotherapy session, connection during the psychotherapy session was defined as the interpersonal relationship containing resonance and empathy to develop trust and safety. Participants' collective responses defined connection during the psychotherapy session between psychotherapist and participant as the interpersonal relationship containing resonance, and empathy to develop trust and safety. This definition encapsulated and included the reciprocal exchange and interaction between the psychotherapist and client or patient, and the need for continual harmony during the

interaction with the expression of empathy, the development of trust and establishment of safety. Connection as defined requires the resonant experience containing empathy creating trust and safety within the therapeutic experience. This definition with the term resonance and empathy signifies the attainment of connection as the psychotherapists responsibility to obtain and maintain through the session and psychotherapeutic treatment journey.

The second concept identified to support the phenomenon of connection during psychotherapy is participants' understanding of the purpose of connection during the psychotherapy session. Of the eight study participants, seven responded to this question. Upon analyzing participants' response and obtaining a theme related to the purpose of connection during the psychotherapy session, the purpose of connection during the psychotherapy session was identified within two themes. The first theme regarding the purpose of connection is the purpose of connection during the psychotherapy session is to develop trust to establish rapport. The second theme regarding the purpose of connection during the psychotherapy session is, the purpose of connection is, for understanding and validation for safety. For this research study, combining the themes, the purpose of connection can be viewed as to develop trust and rapport to achieve understanding and provide validation for safety.

The first theme identifies the purpose of connection as the development of trust to establish rapport. Connection is identified here as an important component of rapport within the psychotherapy session. The second theme regarding the purpose of connection is understanding and validation of safety. This identified purpose of connection during

the psychotherapy session expresses the importance of understanding and validation to ensure the therapeutic environment is safe. This level of psychotherapeutic safety increases the connection experience between the psychotherapist and the client. The development of trust, establishment of rapport, with understanding and validation may likely decrease any experience of anxiety the client may present with in the session. Increases their psychotherapeutic success to manage and cope effectively to address their anxiety and cannabis use disorder.

Themes were obtained from the data analysis regarding participants definition of connection and the purpose of connection during the psychotherapy session. Obtaining a practical definition from participants' experiences creates a contextual approach to further exploring the three research questions which will be presented, utilizing tables, identifying themes and related participants' quotations.

Tables will be used to illustrate documentation of the themes. The identified themes provide a practical approach to understanding the establishment of connection during the psychotherapy session. Table 1 contains the a priori code, in vivo codes, categories, themes, subthemes, and participants. The first research question examined within the study is, what are LCSW psychotherapists' perceptions of establishing connection during the therapeutic process when working with college students living with an anxiety disorder and cannabis use disorder during the psychotherapy session? Seven themes were identified for this research question.

Table 1*Research Question 1: Psychotherapists' Perceptions of Establishing Connection During the Psychotherapy Session*

Participants	In-vivo codes/participants' response	Categories	Themes	Subthemes
Participant 1	"...how my experience and that other person's experience are different, because it's not what I experience, it's what they're experiencing". "I was much more problem focused and I think actually, you know, with this young man, I was much more problem focused than I probably would be today. 10, 10 years has sort of gone by."	Explore, Empathy, Awareness, Immerse, Solution Focused, Self-awareness, Psychological thoughts related to feeling sad-sadness, Uncomfortable feelings, Relating, Normalizing, Understanding, Attending.	Attending and solution focused skills.	
Participant 2	"one is to show that your down to earth or whether you have a history with substance use recovery or using cannabis or not", "it's being relatable", "Understand whether it is demographically or age range", "based on trying to place behavior, sense of humor"			Psychotherapist's use of self-disclosure.
Participant 4	"compassion for people at that age ... I feel like I had a lot of empathy for the difficult transition."	Acknowledgement, Empathy, Attuned, Engaged, Relatedness, and Non-judgmental, Improved- Have self-confidence, Develop Rapport, Handshakes, Attending, Attending, Listen, Emotions vary based on client or patient's needs, Responsible, Exploration, Explore Cause, Connection Services, Client Centered, Attending, Congruent affect, and confidence.	Attunement to the client's needs and client centered approach.	Understand client's experience within their environment.
Participant 6	"I have great empathy for the struggles that they're that these patients are going through." "I try to stay very close to the patients experience and and, you know, validate whatever their concerns are."			Psychotherapist's congruency and attunement.
Participant 7	"I'm like listening and I'm hearing, and I'm attuned to what it is that they're presenting..."			Psychotherapist's enthusiastic greeting, open attitude, and openness.
Participant 8	"I have always gone at their pace, not mine. I also remember them, what they said, letting them know they matter". "I am funny, open, and confident in my clinical skills".			Assertive dialogue, utilizing humor, exploration, and emotional embodiment.
Participant 2	"I know when to take it serious", "jovial funny side", "full range of emotions".			
Participant 5	"Again, self-disclosure, humor and I actually have the physical environment can be important for folks with anxiety disorders.". "I'll make a joke of it, and I'll be loud and expressive..."			

Note. The a priori code was relatedness.

Table 1 contains two themes and five subthemes identified for the establishment of connection during the psychotherapy session with clients living with an anxiety disorder and cannabis use disorder. The first identified theme is attending, and solution focused. Participants identified this as a central and important concept of establishing connection during psychotherapy due to the importance of relating and communicating hope at the early stages of therapy. Please refer to table 1 for an example of a related quote provided by participant 1. The second theme is attunement to the client's need and client centered approach. This theme was derived from the participants' belief that empathy and attunement are important concepts of expression needed to establish connection. Please see table 1, for an example of participant's quotes regarding establishing connection related to the second theme.

Five sub-themes were identified during the analysis and are related to research question 1 of establishing connection. These themes reflected the sample participants' responses explaining the practical approaches utilized during the psychotherapeutic session to establish connection with the identified sub-population. These subthemes are understanding client's experience within their environment; psychotherapist's congruency and attunement; These subthemes represent the participants' therapeutic engaged interaction with the identified population of college students living with the comorbid illness of cannabis use disorder and an anxiety disorder. For example, participant 4 stated, "compassion for people at that age ... I feel like I had a lot of empathy for the difficult transition."

These themes and sub themes are practical approaches which can be utilized during the psychotherapy session. Solution focused skills and a client centered approach are distinct psychotherapeutic skills identified as effective with establishing connection with the identified population. Therapeutic skills and behaviors specific to the therapist such as attunement, attending and being enthusiastic and the use of humor were also identified as effective psychotherapist strategies to be implemented by the therapist to achieve connection and support the client with accomplishing their psychotherapeutic goals.

Table 2 will contain the themes, participants and related In-vivo codes by participants for the second research question. The second research question is what are LCSW psychotherapists' perceptions of maintaining connection during the therapeutic process when working with college students living with an anxiety disorder and cannabis use disorder during the psychotherapy session? Three themes were identified for this research question. The identified themes provide a practical approach to understanding, maintaining connection during the psychotherapy session.

Table 2*Psychotherapists Perceptions of Maintaining Connection During the Psychotherapeutic Process*

Participants	In vivo codes/participant's response	Categories	Themes
Participant 1	<p>“try and understand and demonstrate to the patient that I am interested in understanding them.”;</p> <p>“if I either feel or detect that our interests have diverged, I say I, I bring that to their attention and I say something like, wow, it seems like you and I are thinking about two different things here”;</p> <p>“You and I see this problem differently.”</p>	<p>Demonstrate interest, maintain supportive approach, sustained empathic inquiry, work hard, address ambivalence, set boundaries, supportive.</p>	<p>Utilize a client focus, supportive approach, and address ambivalence.</p>
Participant 2	<p>“you've got to be present ... always do your best”</p>		
Participant 3	<p>“Sustained empathic inquiry. OK. You sustain the feeling of being connected to that person empathically. So whatever they're going through...”</p> <p>“And it's just staying connected to their experience and demonstrating to them that interested in their lives and everything that goes on in their lives.”</p> <p>“So I have to work very hard to show people that I'm actually interested in sustaining the connection. But I'm confident I can do that now.”</p>		
Participant 6	<p>“I always try to understand how they're feeling and what you know, how they you know what, what, what their world is to them. And, you know, try to understand why it's that way. And um. You know, of course, you know, if someone's really hard on themselves, I'll say you're really hard on yourself, you know?”</p>		
Participant 5	<p>“I try to keep my caseload as low as I can. OK, so that I can reach out to the clients in between sessions.”;</p> <p>“that's another thing that I do that that's helpful in maintaining the connection is I make a very strong effort to make their appointments the same day, the same time every week”</p>	<p>Manageable case load, appointment schedule consistency, attend events appropriately, client focus.</p>	<p>Manage caseload and appointment scheduling appropriately.</p>
Participant 6	<p>“I tell patients that if that they can call me in between sessions, if they really feel overwhelmed and he would at times just feel like he was breaking down and he would call me and, you know, I would try to help calm him and, you know, help him to regulate what else.”</p>		
Participant 8	<p>“I'll send a text or something if I am thinking about something important they said or if I see something that reminds me of our session”</p>		
Participant 4	<p>“I continue to address ambivalence as it presents itself or sort of acting out behaviors ... I also will set boundaries too”.</p>	<p>Type of psychotherapy approach, practical coping strategies, availability, therapeutic holding,</p>	<p>Utilize motivational interviewing and maintain a therapeutic holding environment.</p>
Participant 6	<p>“And, you know, continuing to not, you know, not to give up on them, even sometimes when I felt like I wanted to or, you know, I didn't know what would happen.”</p>		

Note. The a priori code was relatedness.

Table 2 contains 3 themes providing information on how to maintain connection during the psychotherapy session with the identified population, from practitioners who have worked specifically with this population. The first theme reflects the need to utilize a client focused approach and a supportive therapeutic intervention with the client throughout the session. Maintenance of connection is also achieved by managing caseloads effectively, as identified in the second theme. This may lead to understand that effective management of the case load and appointment scheduling creates consistency and development of trust, establishes stability, and supports safety. Utilize motivational interviewing and maintain a therapeutic holding environment.

Table 3 will contain the themes, participants, and related In-vivo codes by participants for the third research question. The third research question is, what are LCSW psychotherapists' perceptions of barriers to connection during the therapeutic process when working with college students living with an anxiety disorder and cannabis use disorder during the psychotherapy session? The research question was segmented into two parts with table 5a address barriers to establishing connection during the psychotherapy session.

Table 3*Research Question 3A Barriers Establishing Connection During the Psychotherapy Session*

Participants	In vivo codes/participants' response	Categories	Themes
Participant 1	"Money is a barrier".	Intrusiveness from others, soft mandate, finance, transference denial, anger, rejection, loss, trauma, denial.	Acknowledging and addressing transference.
Participant 2	"Denial and a person's inability to be honest"; "anger", "Rejection", "Transference", "Loss, trauma".		
Participant 4	"I think money is a big one, whether or not they keep their health insurance or not."		
Participant 5	"My aggression can be too aggressive."; "So that's that's been my biggest barrier is trying to be a little more gentle in my approach in the beginning until I get to know the client. And another other barriers to connection with with these guys, I'm. They'll get angry with me sometimes when I push them a little too hard before they are ready."		
Participant 3	"I'm not a substance person myself. I don't really relate to the world of substances for my own life".	Transference, personal life, no history of therapist personal use, political differences, patient incongruence & counter age difference, th services, need for interpreters, relocation.	Social and demographic differences between therapists and clients.
Participant 4	"the obvious one is I'm an older white female"; "You know, I'm not a young peer of theirs. I'm an older person." "my face to face first video. Well, the technical conditions are often difficult, so we have breaking up or communication patterns to lose people on the phone and it always just kind of disrupts the flow." "What else would be language is one of you have to use an interpreter. That's how often do I'm bilingual Spanish English, so that's pretty easy. But other languages sometimes are difficult. You know, that's a barrier to, I think."		
Participant 7	"OK, culture could be a has been a barrier.". "I guess, I guess when they move, you know, when they move, it's OK."		
Participant 6	"I think one of the big barriers is the use of their substance use."; "But I think that that can be a barrier to, you know, depending on how a person feels". "I think if someone has a lot of shame about their substance use, it can, you know, create a barrier".		
Participant 8	"If they want to be in the session there is no barrier. If they are smoking more, I call it out that sessions are not as deep and they agree".	Consequences of cannabis use, peer pressure, stigma, gender difference between therapist and ct./pt, aggression.	Substance use and consequences of substance use.
Participant 1	"...a barrier, a court ordered mandated client. I find more difficult to connect with because they're really, really afraid."		
Participant 5	"...these outside things intrude what I want for them, what other people want for them". "Soft mandate"-not court mandated but their parents mandated them." "I have struggled with maintaining professional boundaries because of my passion for connection."		
Participant 7	"you know, working in a police department and the barriers that, you know, is that civilian and sworn are treated totally different."		

Note. The a priori code was relatedness.

Four themes were identified for Research Question 3, which is, what are LCSW psychotherapists' perceptions of barriers to connection during the therapeutic process when working with college students living with an anxiety disorder and cannabis use disorder during the psychotherapy session? The themes reflect the experiences of practitioners who have worked specifically with college students living with a comorbid illness of cannabis use disorder and an anxiety disorder. The identified themes provided a descriptive view of participants' perceptive experiences of barriers establishing connection during the psychotherapy session. These barriers are addressing transference and countertransference, substance use and the consequences of substance use, and identifying motivating factors for participation in psychotherapy.

The first identified to address Research Question 3 is, acknowledging and addressing transference and countertransference. The professionals who work with the identified population expressed their perceptions related to transference and countertransference as potential barriers in the psychotherapy session with the subpopulation. The second identified theme is social and demographic differences between therapists and clients. The following in-vivo code from participant three demonstrates an example of the participant's view of social and demographic differences as a barrier between the psychotherapist and the identified college student population: "I'm not a substance person myself. I don't really relate to the world of substances for my own life". The third identified theme is, substance use and consequences of substance use. Participants viewed the use of substances and consequences of substance use as barriers to obtain connection with the identified population. For example, participant number six

shared the following: “I think one of the big barriers is the use of their substance use.”; “But I think that that can be a barrier to, you know, depending on how a person feels”. “I think if someone has a lot of shame about their substance use, it can, you know, create a barrier”. Participant number six referenced use of the substance as a barrier, and the emotional consequence of shame due to their substance use. Motivating factors for participation in therapy, have been identified as the fourth theme. Participant number one stated the following in regards barriers, “...a barrier, a court ordered mandated client. I find more difficult to connect with because they’re really, really afraid.”

Table 4 will contain the themes, participants and related In-vivo codes by participants for Research Question 3, Part B. The third research question is, what are LCSW psychotherapists’ perceptions of barriers to connection during the therapeutic process when working with college students living with an anxiety disorder and cannabis use disorder during the psychotherapy session?

Table 4*Research Question 3B Barriers to Maintaining Connection During the Psychotherapy Session*

Participants	In-vivo codes/participants' response	Categories	Themes
Participant 1	<p>"You know, a college student sits down in the chair. I sit down in the chair. They look at me and they're like, oh, that's my mother, right? That would be my mother. That's a ... year old woman. I'm ... That's my mother. So there is that reality. That is a reality, right? Yes. So I have to make an effort not to be their mother, not to fall into that role. And I have to sort of manage it when it happens..."</p> <p>"Money is a barrier"; "Perceived as a barrier is, you know, one thing, you know, there are with with young adults, there are a lot of stakeholders involved, school parents, peers, laws, and those are all could be barriers.";</p>	Transference and countertransference, denial, transference, finance, excess stakeholders, personal life.	The presence of transference and countertransference.
Participant 2	"...whether they're in denial... whether they have transference..."		
Participant 3	"Just have stay connected with somebody who political thinking to me would be like talking to a Trump supporter."; "It's basically it's pro individualist, capitalist, all kinds of nonsense like that. OK? This is the opposite of what I believe in, right?"		
Participant 6	"I mean, the biggest barrier with the woman was that she would be inconsistent in her attendance."		
Participant 4	"I think money is a big one, whether or not they keep their health insurance or not."	Finance (Having health insurance).	Client's financial challenges or cancellation of health insurance.
Participant 4	<p>"they move away."; "They break up the girlfriend or the boyfriend. They don't have a place to stay. They don't have any food because they spend all their money on their weed."</p> <p>"just constant peer pressure to belong to those people who want to use."; "And people's judgment about them. So the stigma".</p>	Events, consequences of cannabis use, peer pressure, stigma, relocation.	Social events or stressors which may impact the course of psychotherapy.
Participant 5	"holidays are big barriers"; "'a lot of moving', you know, it seems like this particular client population, they they frickin change their address every six months."		
Participant 7	"I guess, I guess when they move, you know, when they move, it's OK."; "Another way would be, you know, sometimes people you know it, you know, the boundary in the sense that you know, a lot of them, I'm not going to seek out and, you know, touch base, like, you know, intermingling, you know, so I guess that would be another thing there."		
Participant 5	"I have struggled with maintaining professional boundaries because of my passion for connection."	Lack of maintaining professional boundaries, inconsistent attendance, rigid professional boundaries.	Rigid professional boundaries and lack of maintaining professional boundaries.

Note. The a priori code was relatedness.

Table 4 contains themes regarding barriers to maintaining connection during the psychotherapy session with college students living with a comorbid illness of cannabis use and an anxiety disorder. The first theme identified as a barrier to maintaining connection during the psychotherapy session is, the presence of transference and countertransference. Participants responses indicate that the presence of transference and countertransference is to be acknowledged and addressed during the psychotherapeutic session. The second identified theme is client financial challenges or cancellation of health insurance. Participants indicate that the population of concern with the comorbid illness, may experience financial challenges or cancellation of health insurance noted by participant 4, “I think money is a big one, whether or not they keep their health insurance or not.”. The third identified theme is social events or stressors which may impact the course of psychotherapy. Participant 5 stated the following, “holidays are big barriers”; “a lot of moving’, you know, it seems like this client population, they they frickin change their address every six months.” The fourth identified theme is maintenance of professional boundaries and lack of maintaining professional boundaries. The following is a quote from participant number five regarding the theme, maintenance of professional boundaries and lack of maintaining professional boundaries.

Three themes were identified for this part of the third research question. The identified themes provided participants’ perception of barriers to maintaining connection during the psychotherapy session. The presence of transference and countertransference may serve as barriers to maintaining connection during the psychotherapy session. Clients’ inability to afford health care insurance, experience social events or stressors,

and struggle to maintain professional boundaries or display the lack of boundaries may also affect the maintenance of connection during the psychotherapy session.

Themes regarding participant's solutions or addressing barriers establishing connection during psychotherapy with the identified population. Three themes were identified for this part of the third research question. The identified themes provided a descriptive view of participants' perceptive solutions to address barriers which may affect the establishing connection during the psychotherapy session. Themes regarding participant's solutions or addressing barriers maintaining connection during psychotherapy with the identified population were identified. Three themes were identified for this part of the third research question. The identified themes provided a descriptive view of participants' perceptive solutions to address barriers which may affect the establishing connection during the psychotherapy session. The provision of attentive and active listening skill is a solution to address transference and supports the maintenance of connection during the psychotherapy session. Further solutions to address identified barriers are the psychotherapists' participation in consultation services, and these may include consultation with other professionals who treat clients or patients living anxiety or has a cannabis use disorder. Coordination of client or patient services to ensure appropriate care, and to include follow up and resource allocation meaning supporting and linking clients to additional needed resources in the community, helps to address barriers to maintaining connection. These solutions are within the responsibility of the psychotherapist, relational to their knowledge, skills and attitude of the services provided.

Additional information related significant to the research findings include the number of years participants were LCSW. Participants had at least 5 years or more experience as LCSWs. Participants reported experiencing anxiety during the establishment of connection. The study also explored participants' level of confidence to address the barriers related to the establishment of and maintenance of connection during the psychotherapy session. Participants reported having confidence to high confidence in addressing barriers to establishing connection. Regarding confidence level for addressing barriers to maintaining connection 7 of the 8 participants answered the question, with a response indicating low confidence to high confidence. For example, participant number 1 reported, "Well, it turns out that I'm a pretty confident clinician, I feel pretty confident, you know, I think I'll just leave it like that.". Regarding having low confidence participant number 6 stated, "I don't think I had a lot of I don't think retrospectively I have a lot of confidence in them.".

Some participants also reported experiencing anxiety during the establishment of connection. For example, participant number 3 stated, "I'm a lot more relaxed".; "I'm a lot less worried about what other people are going to think. I mean, I'm a real antique now."; "I was much more uptight, I was much more anxious about doing the right thing."; "I'm not worried about what anybody else is thinking about.". Participant number 8 stated the following regarding their experience of anxiety during the psychotherapy session with the identified population, "when I am overwhelmed with too much to do, I recognize I need to use strategies to calm myself".

Summary

The exploration of connection during psychotherapy led to the development of 3 research questions and deviant questions such as participants definition of connection and their understanding regarding the purpose of connection during the psychotherapy session, barriers to establishing and maintaining connection and solutions to establishing and maintaining connection. The research findings led to an understanding of the definition of connection, to include, being in an interpersonal relationship with the presence of empathy. The purpose of applying connection during the psychotherapy session includes the establishment of safety, with the utilization of empathy. The research questions identified during the study were answered with several themes. These themes recognized the need for psychotherapists' responsibility of engaging clients utilizing effective therapeutic skills and approaches. Clients' participation during the psychotherapy session, along with the establishment and maintenance of connection, required internal factors, such as, transference and external factors such as stakeholders which affects the connection process. Chapter 5 will further explore the research findings and its relativity to the literature presented in chapter 2, and other significant components for finalization of the research study.

Chapter 5: Discussion, Conclusions, and Recommendations

The purpose of this research study was to examine how connection is established and maintained in the therapeutic relationship between LCSW psychotherapists and college students living with an anxiety disorder and cannabis use disorder, and the perceived effect of connection of the therapeutic outcome (e.g., successful completion of psychotherapy treatment). Three research questions were explored during the sessions and a total of perceptions of establishing connection, maintaining connection and their perceptions of barriers to connection during the therapeutic process when working with college students living with an anxiety disorder and cannabis use disorder during the psychotherapy session. The three research questions are:

1. What are LCSW psychotherapists' perceptions of establishing connection during the therapeutic process when working with college students living with an anxiety disorder and cannabis use disorder during the psychotherapy session?
2. What are LCSW psychotherapists' perceptions of maintaining connection during the therapeutic process when working with college students living with an anxiety disorder and cannabis use disorder during the psychotherapy session?
3. What are LCSW psychotherapists' perceptions of barriers to connection during the therapeutic process when working with college students living with an anxiety disorder and cannabis use disorder during the psychotherapy session?

An inductive qualitative research design and a thematic analysis process were used during the data collection and data analysis process. Twenty-seven themes were obtained from the data analysis addressing the research questions and providing applicable knowledge regarding the psychotherapeutic treatment of college students living an anxiety disorder and cannabis use disorder. These themes were derived from participants responses in obtaining connection during their provision of psychotherapeutic services to the college students. This chapter will further explore the interpretation of the finding, limitations of the study, recommendations, implications, and conclusion.

Interpretation of the Finding

This section of the research study will review and identify how the research findings compare with the literature review in Chapter 2. Relativity is the theoretical framework with chapter 2 the theoretical framework explored, reviewed, and selected as the appropriate theoretical frame for the study. The transcribed data for each participant were coded using an a priori code of relatedness and in vivo coding process. Relatedness is a theoretical tenet of relational theory (Coady & Lehman, 2008). The theoretical construct of relatedness was utilized as the a priori code within the study and the study's data collection. Relatedness provides a structural approach for exploring connection, since connection is within interpersonal relationships' relational experience. Social workers' experience of connection with providing therapy to college students living with comorbid anxiety and cannabis use., was explored within the construct of relatedness. LCSWs' experience of connection during psychotherapy with the identified

patients/clients was examined through the relational theory's construct relatedness (i.e., what is done to achieve connection, and how they know they have achieved connection). Categories were identified utilizing the theoretical framework of relatedness and the categories' relativity to the concept of relatedness. These categories were placed in accordance with the research questions, definition of connection, and purpose of connection.

The study utilized the a priori code of relatedness during the analysis process to identify related in vivo codes. The theoretical analysis led to the identification of themes (see Tables 1–4), containing concepts that are significant to the practice of psychotherapy, the theoretical approaches and terminologies used with individuals living with a comorbid illness of an anxiety disorder and cannabis use disorder. Each research question and the identified theme or themes for that question are discussed in the following subsections.

Research Question 1

What are LCSW psychotherapists' perceptions of establishing connection during the therapeutic process when working with college students living with an anxiety disorder and cannabis use disorder during the psychotherapy session? The first theme identified for the first research question is, attending and solution focused skills. An in vivo code obtained from Participant 1 was "how my experience and that other person's experience are different, because it's not what I experience, it's what they're experiencing." This theme is supported by the following literature: these responses or case examples supported the use of active listening skills, self-disclosure, reflection,

empathic responses, modification of efforts, positive regard and validation as concepts related to establishing, and maintaining connection with patients (Antony et al. 2017; Belanger et al. 2018; Chui et al. 2017; Cooke et al. 2016). The second theme identified from the research findings is attunement to the client's needs and client-centered approach. As supported by the literature, in this case, the connection provides a sense of mutuality between therapist and patient, supporting the patient's need for intimacy in interpersonal relationships (Knight 2016). This connection experience provides a psychotherapeutic environment for patients to discuss their interpersonal experiences (Barth, 2014).

The subthemes related to the second theme for Research Question 1 is, understand client's experience within their environment, psychotherapist's congruency and attunement, psychotherapist's use of self-disclosure, psychotherapist's enthusiastic greeting, open attitude, appropriate facial expressions, and openness, assertive dialogue, utilizing humor, exploration, and emotional embodiment. These subthemes are reflective of both identified themes and the information from the literature regarding the psychotherapists' therapeutic skills during the psychotherapy session with the college students living with a comorbid illness of a cannabis use disorder and an anxiety disorder. Another finding from the literature states that social work has embraced relational theory as the theory of understanding human connection, developing social relationships where the relationship between therapist and patient is just as meaningful as the therapist's adherence to professional responsibilities, theories, and models (Segal, 2012). This report by Segal (2012) is supported by themes from the research findings such as

psychotherapists' participation in consultation and personal therapy, and themes such as psychotherapists' enthusiastic greeting, and open attitude, appropriate facial expressions, and openness, are significant for having a healthy connection with the identified population. The use of LCSWs as the identified sample for the study led to the attainment of themes that reflect the field of social work and LCSWs as professionals who provides services to college students living with a comorbid illness of an anxiety disorder or cannabis use disorder.

Research Question 2

The second research question is, what are LCSW psychotherapists' perceptions of maintaining connection during the therapeutic process when working with college students living with an anxiety disorder and cannabis use disorder during the psychotherapy session? Director (2002) identified the need for engaging patients during psychotherapy to obtain a successful therapeutic experience. This excerpt from the literature is reflected in the study findings within the first theme for Research Question 2, utilize a client focus, supportive approach, and address ambivalence. These findings were identified as an important approach to maintaining connection during the psychotherapy session with college students living with a comorbid illness of cannabis use disorder and an anxiety disorder. An engaged approach during the psychotherapy session includes the therapist's use of a supportive approach to encourage and facilitate the client's engagement to maintain connection during the psychotherapy session.

Research analysis identified the subtheme of psychotherapist's use of self-disclosure, as an essential component to establishing connection. Hagen et al. (2017) and

Han and O'Brien (2014) noted how therapists' assumptions and non-self-disclosure affected the connection between therapist and patient. Self-disclosure has been identified as significant in establishing connection during the psychotherapy session with college students living with an anxiety disorder and cannabis use disorder. Achieving connection during psychotherapy with college students living with a comorbid illness of an anxiety disorder and cannabis use disorder is also identified within the sub-theme of assertive dialogue, utilizing humor, exploration, and emotional embodiment. Macaskie (2017) supported this further with their research findings on therapists' need for developing effective ways of communicating and facilitating mental processes during therapy to achieve and maintain a connection.

Research Question 3

The third research question is, what are LCSW psychotherapists' perceptions of barriers to connection during the therapeutic process when working with college students living with an anxiety disorder and cannabis use disorder during the psychotherapy session? This research question was addressed in two sub questions. The first sub question was what barriers are to establishing connection during the psychotherapy session. The second sub question for Research Question 3 was, what are barriers to maintaining connection during the psychotherapy session. These sub questions were identified as necessary to understand the research questions in its entirety of these two factors of establishing connection and maintaining connection during the psychotherapy session.

Research Question 3A

Four themes were identified for the question, what barriers are establishing connection during the psychotherapy session with college students living with a comorbid illness of an anxiety disorder and cannabis use disorder? The first identified theme is, acknowledging and addressing transference and countertransference. According to the literature resolving transference and countertransference are crucial during therapy to connect and address any attachment needs the patient may have regarding interpersonal relationships (da Silva et al., 2015). These practical approaches to psychotherapy are better explained and understood within psychotherapeutic literature.

The second theme identified for Research Question 3A is, social and demographic differences between therapists and clients. An analysis of participants' responses identified that social demographic differences between therapists and clients are barriers to establishing connection during the psychotherapy session. Demographics such as experiencing anxiety, travel distance due to living in a rural area, and transportation in an urban area, has been noted to impact patient's participation in an outpatient psychotherapy treatment setting (Jensen, 2016). These social demographics may be related to the social demographics of either the psychotherapist or the client, or both individuals.

The third theme identified in Research Question 3A is, substance use and consequences of substance use. Clients' use of substances and consequences of substances may interfere with establishment of connection, partly due to continued use at the time, and consequences which may affect client's participation in the psychotherapy

session. The fourth identified theme is motivating factors for participation in therapy. As previously noted in the literature review, psychotherapists' inattention towards the patient during psychotherapy, their lack of empathy towards the patient, focusing and emphasizing diagnostic categories or diagnoses, and failure to empower the patient during the psychotherapy session or include the patient as an expert in their therapeutic process are all barriers towards achieving connection (Cooke et al., 2016; Hagen, Hjelmeland & Knizek, 2017; Jordan, 2017; Watchel, 2017). Motivating factors that may serve as barriers to participation in the psychotherapy session may include legal mandates by the courts for clients to participate in psychotherapy.

Research Question 3B

Four themes were identified for Research Question 3B, what are barriers maintaining connection during the psychotherapy session with college students living with a comorbid illness with cannabis use disorder and an anxiety disorder. The first theme identified is the presence of transference and countertransference. The study's research participants identified the presence transference and countertransference as barriers to maintaining connection during the psychotherapy session with college students living with a comorbid illness with cannabis use disorder and an anxiety disorder. Richards (2000) noted that clients expressed fear of abandonment, leading to attempts to destroy the therapeutic relationship impacting the connection. Therapists noted their experience of patients' inquiring on their countertransference during the psychotherapy, expressing that they the therapists, felt angry, furious, frustration and contempt, with feelings of helplessness (Richards, 2000). According to Richards (2000), in their study

with therapists working with clients with a history of suicidal behavior, some of these reported that their experience with countertransference has led them to consider or think whether these clients would be better off working with someone else.

The second theme identified is, client financial challenges or cancellation of health insurance. As stated by May (2016), during therapy, connection can be negatively impacted by inconsistency and unpredictability. Research participants identified challenges with finances and cancellation of health insurance coverage as funding for psychotherapeutic services affects the ability to maintain connection during the psychotherapy session with college students living with a comorbid illness of cannabis use disorder and an anxiety disorder.

The third theme identified is, social events or stressors which may impact the course of psychotherapy. Social events or stressors have been identified as barriers to maintaining connection during the psychotherapy session. The patient's sense of low self-worth, cultural norms discouraging expression or discussion of emotions, guarded behavior during psychotherapy, and reluctance to trust others can also serve as barriers to connection (Han & O'Brien, 2014; Knight, 2016). The impact of social events or stressors as barriers may be related to the interruption of services to attend social events or stressors which may lead to interruption in consistent attendance during psychotherapy.

The fourth theme identified is rigid professional boundaries and lack of maintaining professional boundaries. Barriers to connection during psychotherapy include self-disclosure processes by the psychotherapist or contrastingly excessive self-

disclosure by the psychotherapist (Antony et al., 2017; Shaeffer, 2014). Rigid professional boundaries and lack of maintaining professional boundaries may impact connection or serve as a barrier to connection during the psychotherapy session with the identified population. The next section will review the limitations of the study.

Limitations of the Study

The study contained a few limitations. A significant limitation is the impact of the COVID-19 health situation which led to the completion of the interviews via Zoom. Self (2021) noted that face-to-face interviews are considered the “gold standard”; however, COVID-19 increased the use of remote means such as video conference for interview reasons. Another noted limitation of the study is that semi structured in-depth qualitative research interviews are time-intensive, not generalizable and minimizes the opportunity to explore, and the structured approach can be deemed rigid with minimal flexibility or deviation from the participants’ response (Almeida, Faira, & Queiros, 2017).

Recommendations

Through the course of the study several recommendations for future study were identified. These recommendations are based on the research observation of the researcher and include the following: exploring connection through the experience of the patient or client will further enhance knowledge on the concept of connection. Other areas of exploration on the concept of connection during psychotherapy with college students living with a co-morbid illness are, the exploration of connection during psychotherapy during telehealth sessions, and utilizing a quantification approach the themes from this study to identify generalization of the research findings.

Implications

There are implications for social change to be listed and reviewed in this section. From a micro or individual level, the indication for social change includes the potential engagement and completion of psychotherapy by college students due to the connection experienced between the psychotherapists and college students. College students' likely ability to complete psychotherapy and address their anxiety and cannabis use disorder effectively provide a myriad of benefits. These benefits may include their graduation of the college or university within an expected timeframe, improved intrapersonal and interpersonal relationship experiences, resulting from a decrease or absence of potential distress due to the anxiety disorder and cannabis use disorder. The individual psychotherapist may enhance their therapeutic skills through participation in continuing education, and supervision. The psychotherapist's ability to achieve and maintain a therapeutic connection during the psychotherapy session enhances not only their professional status as a psychotherapist, but also supports the college student's need to address their problems and accomplish their goals.

Family members of college students who participate in psychotherapy and benefit from the effective connection achieved experience, will have the experience of viewing the college student's success regarding the diagnoses, and successes within their academic and family, social relationships. Organizations who provide psychotherapy to the identified college student population may see an improved rating and customer experience satisfaction due to the improved connection experience. These improved statistics may lead to significant organizational changes to include expansion within the

organization's structure or services provided, psychotherapy students and continuing education training.

Indications for societal social change are related to the identified population of college student's academic successes which influences their professional and personal lives. College students post successful therapy experience due in part to the connection experience are likely able to positively impact their societal environment and economic status. The connection in psychotherapy is a relational phenomenon which may require further exploration for policy engagement. The therapeutic relationship contains significant components such as developing rapport, demonstrating empathy and being trauma informed. Components which have been implemented or woven with the policy structure of state or organization policies regarding psychotherapy. Connection as a component of the therapeutic relationship has the related importance to be implemented within the psychotherapy policies to support increased awareness and training for the intentional implementation within the direct psychotherapeutic practice.

Conclusion

College students are likely to experience personal and social challenges because of living with the living with the comorbid illness of an anxiety disorder and cannabis use disorder. Psychotherapy has been identified as therapeutic intervention or treating the identified comorbid illness and providing college students with the coping skills and strategies for developing their intrapersonal and interpersonal relationships to include successfully completing their academic goals to include graduating college or university. Connection has been identified as a concept during the psychotherapy session between

psychotherapists and the identified college students for support college students need to successfully complete psychotherapy. Three research questions were identified and explored during the study. Eight LCSWs participated in the research study. The participants were LCSWs within the United States and participated in the interview via Zoom video conference. Participants shared their definition of connection, the purpose of connection, establishing and maintaining connection during the psychotherapy session. The practical and conceptual psychotherapeutic strategies will likely be effective in the improvement of psychotherapy services for college students with the comorbid illness of an anxiety disorder and cannabis use disorder.

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Appendix: Interview Guide

Research Questions:

RQ 1- What are LCSW psychotherapists' perceptions of establishing connection during the therapeutic process when working with college students with college students living with an anxiety disorder and cannabis use disorder during the psychotherapy session?

RQ 2- What are LCSW psychotherapists' perceptions of maintaining connection during the therapeutic process when working with college students living with an anxiety disorder and cannabis use disorder during the psychotherapy session?

RQ 3-What are LCSW psychotherapists' perceptions of barriers to connection during the therapeutic process when working with college students living with an anxiety disorder and cannabis use disorder during the psychotherapy session?

Interview Questions:

1. How do you define connection during psychotherapy?
2. What is your understanding of connection during psychotherapy?
3. How do you experience establishing connection with college students living with an anxiety disorder and cannabis use disorder?
 - a. What is the experience like emotionally, psychologically, and physically?
4. How do you perceive your role as a therapist to influence establishing connection during psychotherapy with college students living with an anxiety disorder and cannabis use disorder?

5. What do you see as differences in how you establish connection with college students living with an anxiety disorder, and cannabis use disorder, when you first stated practicing to what you currently do today?
6. Can you describe specific things you do to establish connection with college students living with an anxiety disorder, and cannabis use disorder?
7. What are some barriers you may have experienced in establishing connection during the psychotherapy session with college students living with an anxiety disorder and cannabis use disorder?
 - a. What do you do to address these barriers for establishing connection?
8. Can you describe specific things you do to maintain connection with college students living with an anxiety disorder, and cannabis use disorder?
9. What are some barriers you may have experienced maintaining connection during the psychotherapy session with college students living with an anxiety disorder and cannabis use disorder?
 - a. What do you do to address these barriers for maintaining connection?
10. Is there anything else you would like to add about establishing and maintaining connection?