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Counselors' Experience with Male Opioid Abuse Clients with Anxiety and Depression During the COVID-19 Pandemic

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Abstract

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MA, Walden University 2018

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Dissertation Submitted in Fulfillment

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Abstract

There has been a spike in overdoses in the United States resulting in approximately 100,306 deaths since the COVID-19 pandemic began with overdose results from men in opioid and fentanyl abuse with a shortage of resources for substance use disorders and mental health. Families across the U.S. have been affected with the social problem of substance abuse disorders for many years due to environmental and biological constructs due to loss of jobs, housing, limited childcare, and exposure to drugs and alcohol at an early age. The present phenomenology qualitative study explored counselors' experience working with male clients who abuse opioids and have received substance use treatment and relapsed with anxiety and depression during the COVID-19 pandemic. The study sought to understand increased anxiety and depression caused by the pandemic has led to social distancing, shortage of staff, and guidelines set from the government to restrict patients from overcrowding facilities. Eleven counselors were interviewed as to their experiences working with male clients between the ages of 18 to 65 who were treated in rehabilitation centers in the COVID-19 pandemic for relapse of opioid abuse and diagnosed with anxiety and depression. The results from the analysis demonstrate that the social problem of opiate abuse and relapse existed during the COVID-19 pandemic with heightened anxiety and depression. The social problem still continues to exist; however, individuals are still concerned if another pandemic may happen again. The communities and government officials are working to implement positive social changes to help relieve individuals in case another pandemic may arise.

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Dedication

I dedicate the research and its findings to the male population I have served within the community with addiction and co-occurring disorders in the crisis center and the rehabilitative treatment centers of Northeast Ohio. I have seen first-hand the co-occurring disorders that these individuals endure and its effects of the pandemic with heightened anxiety and depression giving particular attention to homelessness, relapse, and even death.

Acknowledgments

I would like to extend gratitude to those who have helped me in my journey towards my completion of a Ph.D. program in Psychology, including my Chair, Dr. Jay Greiner and Committee members, Dr. Lee Stadtlander, Rhonda Bohs, Dr. Amy E. Sickel, and Dr. Chet Lesniak, Directors of Psychology at Walden University. I have served as a mental health professional in the community and been a witness to countless deaths resulting from opioid and fentanyl overdoses during the pandemic. The population that I serve within the community has inspired me to write a research study. It is my hope and desire for the allocation of funding to provide resources within the communities that can better serve this population and improve mental health after the pandemic of 2019-2022.

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Chapter 1: Introduction to the Study

The purpose of this qualitative study was to explore and understand the counselor's experience treating male opioid abusers who have relapsed and were diagnosed with depression and anxiety during the COVID-19 pandemic. In the COVID-19 pandemic, the United States witnessed a residual increase of heightened anxiety and depression among clients in populated areas of reduced employment in the Northeast Ohio region. Proctor et. al. (2017) demonstrated that both anxiety and depression have a high association linked to substance use relapse. Environmental factors such as low income, reduced housing, and limited resources for mental health and substance abuse have added to the burden on mental health delivery in this region (US Department of Health and Human Services, 2021). Substance abuse within Northeast Ohio is made worse by the lack of provision for clients of both mental health and rehabilitation. The abuse of fentanyl and synthetic drugs has increased with alarming rates as the individual uses this to mask their emotional and physical pain.

The social implications of opioid abuse with co-occurring disorders of anxiety and depression occur frequently. This research study proposed relapse is common in the substance abuse population, resulting in self-deprecating acts with overdose and death. The percentage of overdoses is up to 1,200 within the state of Ohio as an estimated total of 5,600 total U.S. individual cases continue to increase with overdoses from fentanyl and opioid abuse (Brookbank, 2021). The findings of this research document the experience of counselors' who have treated male clients 18-65 years of age within the specific region where the researcher resides and treats predominantly the male substance abuse

population. The research study is aimed to increase understanding of the experience of counselors who have treated male opioid abusers who have relapsed and were diagnosed with anxiety and depression during the COVID-19 pandemic. The counselors' demographic area met the criteria in Northeast Ohio and surrounding areas as the necessary background selected to participate in the research study.

The chapter highlights the components of background, problem statement, purpose, research questions, conceptual framework, nature of the study, and significance that aligns the research questions within the conceptual framework. The conceptual framework for this research study is the social cognitive learning theory and transtheoretical model of behavior change. This phenomenon is grounded in the study that gives a clear and concise understanding to the nature of the research with attention to definitions, assumptions, scope, and limitations of the significance behind the social problem of opioid dependence. The findings of this study helped increase knowledge in the communities by providing better coping strategies and resources that can further help clients reduce co-occurring anxiety and depression post COVID-19 pandemic.

Background

The background of the research study is rooted in the phenomena of experiences from counselors' treating the male population 18 to 65 years of age who are dependent on opioids, including fentanyl and who were diagnosed with depression and anxiety during the COVID-19 pandemic. The male population was chosen due to the researcher's experience working with males in substance abuse facilities and crisis centers during the COVID-19 pandemic. Proctor et. al. (2017) demonstrated that both anxiety and

depression have a high association linked to substance use relapse. Clinical and demographic factors frequently correlate with relapse among individuals who have a substance abuse problem (Proctor, 2017). This research has been able to support current research on the long-term effects of mental health disorders on individuals residing in poverty due to hardships of economic loss (Meadowcroft & Davis, 2022). The clients affected by the COVID-19 pandemic can experience a lack of support from their environment, resulting in relapse in substance abuse. The co-occurring disorders of anxiety and depression that occur within a pandemic can result from social isolation caused by restricting community access to clients within their homes, schools, and jobs. This can also cause limited access to drug and alcohol treatment facilities providing adequate care and services (Meadowcroft & Davis, 2022). The gap in the research study provided further understanding of the relapse from a counselors' perspective of the male population that have been dependent on opioid abuse and diagnosed with anxiety and depression during the COVID-19 pandemic.

Problem Statement

According to the Cuyahoga County medical examiners (2018) the recurring problem of opioids has resulted in an increasing frequency of overdoses in the last decade (Ohio Addiction Statistics, 2021). The social problem of substance abuse in the Cleveland and Youngstown areas of Northeast Ohio has been prevalent with heightened anxiety and depression during the recent COVID-19 pandemic (Ohio Addiction Statistics, 2021). There are increasing numbers of substance abuse relapse in drug and

alcohol treatment facilities, opiates being a factor in 81.3% of all overdose deaths of males (U.S. Department of Health and Human Services, 2021).

The social problem is the increased rate of substance abuse among clients who have relapsed from opioid abuse. The clients that received treatment in drug and alcohol treatment facilities require further housing and abstinence programs to help maintain individuals diagnosed with co-occurring disorders of anxiety and depression (Martin, Andres & Bullon, 2020). This research study investigated the relevance of co-occurring disorders with anxiety and depression occurring with relapse of opioid abuse during the COVID-19 pandemic. The social problem is nationwide, but this research study focused on a male client population that had been treated in Northeast Ohio drug and alcohol treatment facilities during the COVID-19 pandemic. The clients that reside and have been treated for opioid abuse are also diagnosed with anxiety and depression during the post COVID-19 pandemic. Pharmaceutical intervention using buprenorphine and Narcan increased 63% of emergency rooms of hospitalizing individuals who relapsed from opiate abuse with hospitals not able to admit due to limited space causing increased anxiety and depression amongst these individuals as they returned into the streets to find adequate housing and treatment (Martin, Andres & Bullon, 2020).

There is research on mental health and COVID-19, however the gap in the research study needed to further evaluate on the experience of counselors' that have worked with male clients who have relapsed and were diagnosed with anxiety and depression during the COVID-19 pandemic. The research study focused on anxiety and depression within the environmental constructs that limit the client's ability to function in

society. The opioid overdoses in clients due to exposing trauma were further understood by studying the experiences of counselors' who have treated males 18-65 years of age building on their support systems. The lack of support systems is compounded by the social problem in clients finding adequate housing, treatment, and assistance within the community (Brookbank, 2021). The research study focused on the social problem of co-occurring disorders of anxiety and depression during the COVID-19 pandemic and how it relates to relapse and death that can occur from opioid abuse.

Purpose of the Study

The purpose of this phenomenological study was to explore and understand the experience of clinicians that have worked with male opioid abusers who relapsed and were diagnosed with anxiety and depression during the COVID-19 pandemic from a counselor's perspective. The population criteria are male clients 18-65 years of age who received treatment from opioid abuse in a drug and alcohol treatment facility during the COVID-19 pandemic. The research study explored probable causes of relapse and heightened anxiety and depression due to biosocial and environmental constructs that can limit the client's ability to function in society due to opioid dependence. The causes of anxiety and depression can result from external and internal stimuli in both biosocial and environmental constructs. The constructs include genetics, trauma, personality, limited resources, income, education, housing, mental health, etc. The effects of the pandemic have impacted treatment of these individuals who repeatedly relapse (Meadowcroft & Davis, 2022). The limited access to services is reduced as individuals receiving care are restricted as facilities cannot accommodate them and this includes barriers to services

online with computing devices, literacy, and broadband access of telehealth treatment (Meadowcroft & Davis, 2022).

This can affect the male substance abuser's co-occurring disorders relapse diagnosed with anxiety and depression. The biosocial and environmental constructs were explored further in the lived experience of the male clients from a counselors' perspective. The participants who fit the criteria for the research study were counselors who have worked with male clients diagnosed with co-occurring disorders of anxiety and depression associated with relapse from substance abuse during the pandemic. The research study was able to increase knowledge on the restrictions and barriers that can further prevent the client from receiving help and preventing relapse. This in turn helps raise awareness as a platform to advocate for the social implications that are the cause and effect of the clients who repeatedly abuse opioids.

Research Questions

RQ1: What is the counselors' experience treating male clients who abused opioids and relapsed during the COVID-19 pandemic?

RQ2: What is the counselors' experience treating male clients who abused opioids and were diagnosed with anxiety during the COVID-19 pandemic?

RQ3: What is the counselors' experience treating male clients who abused opioids and were diagnosed with depression during the COVID-19 pandemic?

Conceptual Framework

The conceptual framework is grounded in both social learning theories and the transtheoretical model of behavioral change. The social cognitive theory was introduced

by Albert Bandura in the 1960' used to treat phobias and provide guided mastery in providing resiliency and self-efficacy (Bandura, 2019). Social cognitive theories are best applied to further understand human behavior in the conceptual framework in treatment of behavioral changes. The application of Bandura's social cognitive learning theory is rooted in an agentic approach as the individual is being guided to take the necessary steps to change behaviors (Bandra, 2019). Social cognitive theory is best applied to understanding human behavior in the phenomena behind addiction and the diagnostic implications that occur during a pandemic such as anxiety and depression.

The transtheoretical model of behavior change aligns with current research that understands and treats individuals with maladaptive thinking (Prochaska, 2022). The conceptual framework is grounded in the phenomenon of understanding relapse that occurs within substance abuse. The transtheoretical model of behavior change is implemented in drug and alcohol treatment facilities known to treat human behavior of co-occurring disorders associated with anxiety and depression. The model of behavior change is further explained through environmental stressors such as the recent pandemic of COVID-19 within the male population. The stages of the transtheoretical model of behavior change provide an integrative process in strategies in providing outcomes towards preventing depression, anxiety, and increasing self-esteem, and self-efficacy.

Nature of the Study

This research study explored the experience of counselors' working with male clients of the substance abuse population that relapse from opioids. The social problem of relapse from drug abuse continues to occur within communities in the United States. The

research study focused on the region of Northeast Ohio in which the researcher resides. The nature of this research study is grounded in the phenomena that answers the questions to who, where, what and why this social problem continues as it seeks to understand how the community can overcome this epidemic. The co-occurring disorders of anxiety and depression with substance dependence have climbed to alarming rates with the loss of jobs, homes, and restricted access to community care during the pandemic (Meadowcroft & Davis, 2022).

The phenomenological qualitative research was designed to interview counselors' that have worked with male clients between the ages of 18 to 65 years who have relapsed from opioid abuse and diagnosed with anxiety and depression during the COVID-19 pandemic. I conducted an in-depth interview with counselors' who have worked with male client population using semi-structured interview questions found in Appendix B. The interview process was conducted from a narrow search of 8 to 12 participants who have treated clients from a drug and alcohol treatment facility during the pandemic. The interviews consisted of open-ended questions with prompts for introductory and closing statements. An interpretative phenomenological analysis was conducted with a detailed exploration of the experience of the individual through a brief survey from an interview process with clarification and explanation of the research study defining results and progress as the words were further coded and bracketed to align with the research questions.

Operational Definition of Terms

The operational definition terms of the research questions are defined for the following:

Opioid Use Disorder – Opioids are commonly prescribed by physicians to individuals to treat pain. However, over a period of significant use can get worse affecting an individual's brain, family history, and lifestyle and environmental factors. Diagnostic criteria of OUD include physical dependence, risks, cravings, and changes affecting the individual's function of living (John Hopkins, 2023).

Relapse of drug abuse related to the pandemic – The definition of relapse is return to frequent and heavy substance use after recovery and/or period of abstinence. Relapse of drug abuse related to the pandemic is common in the recovery phase of the individual's substance abuse. Data can show that illicit drug abuse has accelerated during the COVID-19 pandemic resulting in shifts of drug availability and deaths of overdose (National Institute on Drug Abuse, 2022).

Co-occurring disorders associated with anxiety and depression – The definition of co-occurring disorders is a dual diagnosis or comorbidity of mental health and substance use disorder symptoms. Anxiety and depression can be commonly associated in co-occurring disorders with substance abuse disorders often making the individual recovery more difficult and symptoms worse (Adaa, 2023). These symptoms are a substantial risk for serious mental illnesses that can occur with relapse, homelessness, incarceration, social isolation, and problems due to poverty and family.

Assumptions

The research study gave the assumptions to the opioid epidemic and COVID-19 pandemic as two of the most challenging issues that have caused a national health crisis with opioids being the cause of injuries and deaths. The assumptions in this study report the experiences of counselors' as they are candid in reliving the history of their clients' relapse and co-occurring disorders in their reports of substance abuse history as it explores how the pandemic has impacted them. The effects of the COVID-19 pandemic have impacted treatment of these individuals who repeatedly relapse. It is within the researcher's scope of practice to help define and understand how these individuals are candid in their deliberation of their experiences in providing clear and concise answers to the research questions which is necessary in conducting valid and reliable research.

Scope and Delimitations

The research study gave the scope and delimitations as I have been able to further explore the social problem of substance abuse and overdose of opioid abuse by identifying the counselors' experience who have worked with male clients who have abused opiates and have had a co-occurring disorder of anxiety and depression during the COVID-19 pandemic. The experience is grounded in phenomenology which consisted of 8 to 12 semi-structured interviews with counselor's experience who worked within the male client population between the ages 18 – 65 years. The qualitative research study further understood the experience of counselors' who have worked with male clients who have had opioid dependence and received treatment in a drug and alcohol treatment facility in the region in which the researcher resides. The counselors' experience working

with male clients of opioid abuse diagnosed with anxiety and depression during the COVID-19 pandemic were documented while the female population were not documented. The lived experiences male clients of biosocial factors such as poverty, job loss, homelessness, and trauma can affect the male substance abuser's co-occurring disorders associated with anxiety and depression due to environmental constructs that limit his ability to function in society. Counselors that are currently treating male clients that require further housing and treatment assistance for opioid abuse and mental health will not meet criteria for the research study.

Limitations

The research study will give limitations to the preferred qualitative research method conducted by the researcher with interviews of participants by Zoom platform. The advantage of this approach is the researcher has control of questioning and gains rapport. The limitations may be that of researcher's presence, bias responses, and inability of broadband internet and phone connectivity (Creswell & Creswell, 2018). The qualitative process of interviews is conducted within a narrowed search of 8 to 12 participants; adequate in sampling size. The limitations may be finding the sample size of participants that reaches saturation in finding sufficient data conclusive to results of the research study. Member checking may be challenging if participants fail to be consistent in following through after the interview process. Member checking ensures accuracy of the findings of researcher results to validate the individuals' experiences into providing internal validity to the research study.

Significance

This study is significant in that it seeks to understand the phenomena behind opioid dependence with attention to relapse and co-occurring mental health disorders related to the COVID-19 pandemic. This research study aims to further increase understanding of counselors' experience who worked with the male clients 18 to 65 years of age who have relapsed from opioid abuse during the COVID-19 pandemic. The goals and objectives of the research study was to evaluate the social problem of opioid abuse as it relates to relapse post-treatment that is occurring in the community and addresses specific issues as it relates to individuals treated by counselors' who were diagnosed with anxiety and depression during the COVID-19 pandemic.

The social changes can help further educate and treat individuals that work with a substance abuse population who repeatedly relapse (Merriam & Tisdell, 2016). Positive social changes come from research studies that evaluate and provide programs to treat and educate individuals within the community. The research study provides advocacy to clinicians who treat individuals suffering from mental health and relapse from opioid abuse. The significance of making positive social change is contributed towards obtaining current data in providing further research that can help increase knowledge into the social problem.

Summary

The continued abuse of opioids is prevalent in the United States as the social problem continues to rise of overdoses in the Northeast Ohio region (US Department of Health and Human Services, 2021). This research study was able to further understand

the social and environmental constructs of the recent pandemic that has impacted the mental health clinicians working with individuals with co-occurring disorders and has contributed to relapse that often occurs in recovery with opioid abuse. The opioid epidemic continues to be a social problem as the gap in the literature further understood how co-occurring disorders of anxiety and depression can contribute to mental health of individuals treated by counselors' who work with individuals who relapsed during the COVID-19 pandemic.

The alignment of the background, problem statement, purpose, research questions, conceptual framework, nature, and significance are strategically aligned into a systematic approach towards the phenomena of understanding counselors' experience who have worked with of males who have relapsed from opioid abuse and diagnosed with anxiety and depression during the COVID-19 pandemic. The problem statement further understood the social problems within the male population that have relapsed from opioid abuse in the Northeast Ohio region. The gap in the research study focuses on understanding the bio-social and environmental phenomenon of counselors' experience who have worked with male clients 18 to 65 years of age who have relapsed on opioids and were diagnosed with co-occurring disorders of anxiety and depression during the COVID-19 pandemic. The following chapter on the literature review will highlight the necessary criteria that aligns the literature search with the conceptual framework of social learning theories as it relates to co-occurring disorders of opioid abuse such as anxiety and depression during the COVID-19 pandemic. The conceptual framework of the transtheoretical model of behavior change is also applied to the literature search as it

applies to the environmental and social factors that is further explained in the study with relapse associated with substance abuse.

Chapter 2: The Literature Review

Introduction

The COVID-19 pandemic of 2019-2022 has brought much attention and publicity towards heightened anxiety and depression in the homes across the United States. Substance abuse in the Cleveland and Youngstown area has been prevalent for several years, added with heightened anxiety and depression of the recent COVID-19 pandemic in 2019-2021 (Brookbank, 2021). The pandemic has significantly added to heightened anxiety and depression in increased numbers of relapse in drug and alcohol treatment facilities as opioids have been a factor in 81.3% of all overdose deaths of males (NSDUH, 2021). The quality of human life is steadily declining with relapse among the substance abuse populations across the United States, and the effects of opioids, including fentanyl at the forefront of its alarming rates of self-defeating behaviors and

suicide (NSDUH, 2021). According to the Cuyahoga County medical examiner's office, the incidence of opioid abuse has steadily increased in overdose deaths in the last decade (Ohio Addiction Statistics, 2021). Substance abuse disorders have been a main concern in socioeconomic areas that lack resources for both the homeless and the co-occurring disorders during the COVID-19 pandemic. The co-occurring disorders with a diagnosis of anxiety and depression are prominent in males as opposed to females in communities across the United States (Dellazizzo, et. al, 2018).

It is within the scope of this research that I was able to seek an understanding of the counselors' experience who have worked with male clients who suffered from co-occurring disorders and relapse from opioid abuse within the region during the pandemic. Crane (2020) depicts various traits associated with anxiety and depression that occur with co-occurring disorders of addiction. These traits such as neuroticism and lack of impulse control are two associated with relapse of opioid abuse and co-occurring disorders most common with anxiety and depression (Dellazizzo et. al, 2018). While this research is not centered with specific temperament traits, the study does further help to understand how co-occurring disorders with neuroticism and depressive disorders are associated with a diagnosis of anxiety and depression that are prevalent in individuals with substance abuse. Phenomenology is derived from an inductive qualitative method which looks at the direct experience of participants' core values, culture, traits, and ideas into a triangulation of theories and perspectives used to interpret the data and enhance the credibility of the interpretive phenomenon analysis and findings (Merriam & Tisdell, 2016). The relevance of these findings helped in a further understanding behind the social

problem that exists nationwide with current data that can provide further research into adequate treatment and assistance for those that may struggle with relapse and co-occurring disorders in addiction. The following chapter outlines the literature search, the theoretical model of behavioral change, social cognitive theories, opiate epidemic, anxiety, and depression related to the pandemic, and relapse of the male substance abuse population.

Literature Search

Literature search was conducted in the Walden library database and Google Scholar using APA PsycINFO scholarly peer-reviewed literature books and dissertations. The peer-reviewed articles are found in SAGE, World Health Organization and United States Department of Health and Human Services providing current data on substance abuse disorders in the pandemic. The Walden library tools were accessed during the COVID-19 pandemic with particular attention to keywords of *addiction to opioids, co-occurring disorders* using Boolean terms including *co-occurring disorders associated with anxiety and depression, trans-theoretical model, social learning theories, opioid epidemic*, and its relation to *males in substance abuse*. In the Walden library, the psychology databases were accessed using database limiters of current and relevant research within five years and searched by subjects of social sciences and Psychology.

The Theoretical Model of Behavior Change

The transtheoretical model of behavioral change is a theory applied within the constructs that assesses the individual's ability to act. The model of change defines the goals and the objectives the individual can process within their cognitive ability to

empower themselves within their community. The transtheoretical model (TMM) was introduced by Prochaska with his colleagues. They developed the model of change studying the regression of smokers in 1983 (Prochaska, 2022). Research studies show how the transtheoretical model is used in defining the stages of treatment in substance abuse (Vujanovic, et. al, 2017). These stages assess readiness to change within drug and alcohol treatment facilities. They consist of precontemplation, contemplation, preparation, action, and maintenance. Precontemplation stage occurs when the individual is in denial and still not ready to make the changes within his life. Contemplation stage occurs when the individual is aware of the problem but not ready to act on it. Preparation stage occurs when the individual may decide to act based on intent to change. This stage takes place in rehabilitative facilities with the individual's sustained effort on his part to agree to disagree with the process. Maintenance phase is where the individual is committed to replacing old behavior with new by applying what he has learned by consistently engaging himself in the process. The last stage in relapse is which this research is aimed to explore with understanding the reasons behind the individual's continued habits of falling back into the cycle of abuse.

The transtheoretical model of behavior change is applied to the behavioral components within the stages of change as they apply to relapse within substance dependence and how it relates to relapse of opioid abuse. The stages of change within the transtheoretical model of behavior change help facilitate clients moving from one change to the next increasing self-efficacy in an integrative process in strategies that are implemented in the treatment of substance abuse that has an outcome towards change.

The transtheoretical model of behavior change is applied to individuals in understanding further how the behavioral components within the stages of change apply to relapse within addiction. This is especially helpful in the aligned concepts such as social cognitive theory and constructs of change within the scope of understanding experiences of individuals who relapse from drug abuse. The transtheoretical model can further treat individuals diagnosed with co-occurring disorders with anxiety and depression. The transtheoretical model of behavior change concept aligns with current research that explores understanding and treating individuals with maladaptive thinking and human behavior. This is further explained through environmental stressors such as recent pandemic of COVID-19 and relapse experiences within the male population as it relates to the data of interpretive phenomenon analysis that was used in the research study findings. Its findings were able to draw conclusions on environmental stressors such as inadequate housing, assistance, and treatment for males who relapse and were diagnosed with opiate abuse and the co-occurring disorders associated with anxiety and depression during the COVID-19. The U.S. Surgeon General responds by stating in the Substance Abuse and Mental Health Services Administration (SAMHSA) that the TMM model is proven to be effective in providing evidence-based treatment of substance use disorders and mental health disorders (r1 Learning, 2020). The use of evidence and logic can be proven effective in the social learning theory that emphasizes how thinking interacts with stressors exacerbated by life experiences with anxiety and depression.

Social Cognitive Theory(s)

Social cognitive theory is the theoretical framework best applied to this research intervention mainstreamed into treatment centers. Beck is known as one of the world's most leading researchers in psychopathology and one of the most influential psychotherapists in the United States who pioneered the road to understanding the human brain treating depression and anxiety disorders. The social cognitive theory designed by Beck's traditional model focuses on identifying thought patterns applied into traditional behavioral intervention, including mindfulness (Dobson, et. al, 2021). While this research study is not based on treatment, it is centered towards understanding human behavior and the effects biosocial factors have on influencing human behavior. Biosocial applies to internal and external stimuli that can exacerbate maladaptive responses towards mental health and human behavior causing an individual to repeat the same pattern that caused them to abuse in the first place. To understand this further, the theoretical framework gives a comprehensive view towards the literature designed to align the purpose of the study to its research questions that explore relapse of substance abuse and the mental health components of both anxiety and depression associated with COVID-19 pandemic. The aligned concepts such as social cognitive theory and constructs of change within the scope of understanding experiences of individuals who have relapsed after treatment of drug and alcohol facilities are interpreting the conscious level of findings from an individual's core meaning is in fact "the essence of the phenomenon invariant structure of studying effective, emotional, and often intense human experience" (Merriam & Tisdell, 2016, p 26). Nature vs. nurture continues to play a role in understanding the theoretical

concept of human survival within a community as this can impact a larger society (Psychology, 2021).

The biosocial and environmental constructs of Albert Bandura's social theory can be applied to experiences of the individual stuck in his environment, he may feel trapped in the past giving blame to outside sources, trauma, and self-defeating behaviors that limit his or her ability to grow and prosper (Wang, et. al, 2020). An example of using social cognitive theory with individuals of opiate dependence and co-occurring disorders may be an adolescent who has been abandoned by one or more parents or guardians. He may not be able to succeed because of limited resources of education, mental health assistance or support system that can cause him to relapse from opioid abuse. A limited support system will hinder his ability to cope thus causing anxiety and depression. In the nature vs. nurture debate, the lived experiences work together intrinsically to the development of the child or adolescent biological factors (genetics, personality) and environmental factors (education, influences, and resources). This aligns with the social cognitive theory of Albert Bandura's environmental construct and how the biopsychosocial model applies to observed behavior within the male's environment (Eslami, et. al, 2018). The biosocial constructs of an individual's past and present experiences will help to further understand how limited resiliency can affect the individual's ability to succeed in their environment. For example, job security can influence mental health with anxiety and depression affecting individuals unemployed and dependent on income and the internet during the COVID-19 pandemic. Individuals' mental health can be impaired by loss of income, housing, and lack of necessities in their

household. The surge of mental health illness can have conflicting opinions in families resulting in social problems heightened by the COVID-19 pandemic (Kamoshida, et. al, 2022).

An individual's natural traits and inborn tendencies towards behavior may help to understand the motivation behind the driving force that influences the individual's chance to succeed (Winston, 2016). If an individual's needs are not met, he will not be able to thrive, thus affecting his self-esteem and self-efficacy. Heidari & Ghodusi (2016) demonstrate how the relationship between self-esteem and locus of control can affect the individual who abuses substances in various treatment phases in drug and alcohol treatment facilities. The ability to seek help and accept treatment is beneficial towards change in the individual. The change is one small step towards recovery and understanding the biosocial implications that cause the individual to abuse in the first place.

The Opioid Epidemic

Chuck Ingoglia, President, and CEO of the National Council Wellbeing commented that there is a spike in overdoses in the United States with an increase 28.5% of an estimate of 100,306 deaths since Covid 19 pandemic (National Council for Mental Wellbeing, 2022). Substance abuse and lack of resources for substance abuse disorders and mental health are particularly at risk as opioid abuse is at the forefront of recent deaths reported in the United States. The news reports have been flooding the television channels and newspapers across the United States with Northeast Ohio at the forefront of its staggering result of overdoses from opioid abuse as the rise in fentanyl leads to opioid

overdoses. The Cuyahoga Valley Medical Examiner's report 304 deaths in 2021 from heroin, fentanyl, cocaine, or a combination of these, as Scott Osiecki, CEO of Alcohol, substance abuse and mental health services commented about the population of people dealing with isolation and loss of jobs with fentanyl being the leading cause of overdose deaths (LePard, 2021).

The opioid reversal drug known as Narcan helps save lives, but supplies are limited. Places such as homeless shelters, rehabilitation centers, and other public housing are on a waiting list with users housed with other individuals recovering from their use. The American Psychological Association has listed opioids as a natural or synthetic drug used to reduce pain. These are commonly abused by patients and users, approximately 16 million worldwide with the synthetic form known as fentanyl 50 x stronger than heroin and 100 x stronger than morphine. The use of opioids repeatedly results in lifelong disorders causing respiratory distress, relapse, and deaths (Psychiatry.org, 2021). DSM 5 (APA, 2013) classifies an opioid use disorder with symptoms: taking substantial amounts within a 12-month period or longer, persistent desire and unsuccessful efforts to control use, cravings, tolerance, continuing to use despite having recurrent social or interpersonal problems and reducing activities, and withdrawal. The opioid epidemic has been listed as a Nationwide Public Health Emergency since 2017 (APA, 2021).

Cuyahoga County in Ohio has been an area of concern where the illicit use of opioids is being abused by Caucasian males being the population that frequently overdose attributing to fentanyl and synthetic use in relapse and death. The population of users are

males that overdose and relapse from opioids and they are nonurban residents in the Cleveland area that are laborers with an education of H.S. diploma or less; common ages between 30 and 44 years of age (Gibson, et. al, 2017). Substance abuse has been an ongoing problem over the last decade with heroin and cocaine associated deaths. The rise of fentanyl analogues of fatal mixed intoxications of synthetic opioids are car fentanyl, methyl fentanyl, and acetyl fentanyl which has piqued to 324 % with the potency being more lethal than that of cocaine and heroin (Gibson, et. al, 2017). The toxicology report continues to suggest that this epidemic continues due to limited health care access, overprescribing narcotics to laborers injured on the job, emergency room access with little or no monitoring of use as the individual who abuses relapses and overdose within a lifespan of three months to a year (Gibson, et. al, 2017).

To understand the opioid epidemic and the individual who abuses the drugs, we will need to understand why and what goes on behind the thinking. We will need to understand what has led to this universal problem that has been around for centuries since the passages of the Opium Act of 1908 and the Harrison Narcotics Tax Act in 1914 (Buchman, et. al, 2018). Opioid consumption has continued to be a problem among criminal and immoral activity among the working lower class as the Opium Act of 1908 preventing marketing and distribution of opioids in the United States. In the United States, the Harrison Narcotics Act of 1914 restricted physicians from prescribing drugs such as morphine to their patients (Buchman, et. al, 2018). The DEA, otherwise known as the Drug Enforcement Agency, curtails drug use along with the Controlled Substance Acts for Schedule I and Schedule II drugs. The current stigma of the opioid epidemic

represents a diverse idea of behaviors that coexist in the current phenomena behind the symbiotic relationship of human existence and tolerance of pain. Substance abuse is often "conceptualized as relapse disorder" (Ekendahl & Karlsson, 2021). The substance abuser can be compulsive and restless in his abilities to abstain from drug use and will have difficulty maintaining self-control, thus causing him to relapse. The substance abuser may seek care that can help him abstain from drug abuse with learning strategies to help control his impulses. If he is not careful, he will go back out into his environment. This is where the catalyst hits as the addict can suffer anxiety and depression that co-occur with drug abuse. The co-occurring disorders are often associated with MDD, ADHD and PTSD with neuropsychiatric symptoms (Ekendahl & Karlsson, 2021). The research study explores how substance abuse of opioids has increased in the number of relapses within drug and alcohol treatment facilities with opioids being a factor in 81.3% of all overdose deaths of males (U.S. Department of Health and Human Services, 2021).

Anxiety

The research question in the research study explores the counselors' experience treating male clients with opioid abuse and relapse diagnosed with anxiety during the COVID-19 pandemic. To further understand the mental health diagnosis of anxiety and the effects it has on the brain and body, one would have to define a comprehensive view towards human behavior in the literature review.

Kelly and Mezuk (2017) have shown how predictors of generalized anxiety disorder (GAD) are 30.9% comorbid with substance use disorders stemming from childhood, family history, and clinical characteristics. GAD has a high association

between relapse and substance abuse demonstrating higher socioeconomic status remission. Research has shown that anxiety can increase with significant changes in the biochemistry of neurotransmitters, with changes in production of serotonin and dopamine (Clinical Trials, 2021). The body has a natural way of handling anxiety, and this is seen as a threat on the stress response from either overactivity or underactivity of the neurotransmitters of the brain located in the amygdala. These responses are triggered by reactions from fear and excessive worry, and this is compromised from a person's genetic composition, personality traits, and the extent of the situation that has caused the stress in the first place. Studies have demonstrated that anxiety can be triggered from emotional memories associated with cognitive and somatic factors that are expansive from people, places, and things to substance abuse (Granger, et. al, 2022). These triggers cause the body to go into fight or flight mode to avoid negative circumstances.

The symptoms of anxiety are derived from DSM-5 criteria (APA, 2013). The symptoms of anxiety were assessed in the questions in the interview process with the participants and they include excessive worry, irritability, inability to concentrate and/or focus, difficulty concentration and focusing, poor appetite, trouble falling asleep, restlessness, muscle tension and more.

Depression

The research question in the research study explores the counselors experience treating male clients with opioid abuse and relapse diagnosed with depression during the COVID-19 pandemic. To further understand the mental health diagnosis of depression and the effects it has on the brain and body, one would have to define a comprehensive

view towards human behavior in the literature review. Kelly and Mezuk (2017) have shown how predictors of major depressive disorder (MDD) are 41.1% comorbid with substance use disorders stemming from childhood, family history, and clinical characteristics. MDD has a high association between relapse and substance abuse demonstrating higher socioeconomic status remission. Research has shown that depression can increase with significant changes in the biochemistry of neurotransmitters, with changes in production of serotonin and dopamine (Clinical Trials, 2021).

Studies demonstrate that depression can affect raised levels of stress hormones in individuals who have difficulty adjusting to loss from a failed relationship, death, loss of a job, debilitating disease, or any significant change or hardship in life (Granger, et. al, 2022). The duration of the negative experiences can be altered by the individual's genetic composition, culture, and the cognitive ability in how they are able to cope with stress. The personality traits associated with neuroticism can affect the individual's ability to endure stress and their response is readily activated by distressing events causing the individual to shut down or react to criticism and negative perception from others and themselves. Studies have shown that males are at higher risk for depression once they have suffered financial hardship, occupational, and legal problems. Emotional stimuli associated with negative memory recognition can account for clinical depression (Granger, et.al, 2022).

The symptoms of depression are derived from the DSM-5 criteria (APA, 2013). The symptoms of depression were assessed in the questions in the interview process with the participants and they include low mood occurring daily or every other day,

psychomotor agitation, marked diminished interest of activities, feeling hopeless, fatigue, difficulty concentrating and focusing, poor appetite, trouble falling asleep, and feeling bad about oneself with thoughts of self-harm.

Anxiety and Depression Related to the COVID-19 Pandemic

Depression and anxiety symptoms experienced in the United States have increased from the start of the pandemic in 2020-2022, with mental health in high demand in national and state levels with anxiety increasing 2.0 to 2.3 (13%) and depression 1.6 to 2.0 (14.8%) (CDC, 2021). With the threat of COVID-19 pandemic still on the horizon across the United States, the research shows that the prevalence of depressive and anxiety disorders has significantly increased by 25% in the first year with regions that are at an elevated risk for the disease. Ohio faces an even greater threat with 267 COVID-19 cases resulting in 3680 deaths in Cuyahoga County (USA facts, 2022).

Mental health continues to thrive with the need of essential health care workers such as first responders, counselors, police officers, and mental health organizations in greater demand to help individuals battling depression and anxiety from changes that occur and keep on occurring from a global disaster. I was working as a clinician in a suicide hotline and crisis center during the COVID-19 pandemic in Northeast Ohio and in the duration of the pandemic, the center had experienced a phenomenal increase of phone calls from individuals on the streets in need of a bed and place to stay. The incline of individuals in need of services often results in waiting lists for homeless shelters and facilities that treat clients for co-occurring disorders and recurring drug use. The mental effects from a disaster can cause physical ailments with short-and-long term side effects

such as depression, anxiety, panic attacks, stress disorders, and post-traumatic stress disorders (Disorders, 2017). The impact from the recent COVID-19 pandemic can produce negative effects on the individual's response to stress due to external stressors due to isolation and notable changes in the body chemistry and exposure to the virus.

The research study explored the negative responses to both anxiety and depression disorders within depth look at the phenomena of constructs that have impacted individuals during and related to the relapse of opioid abuse. This is centered towards finding definition of terms that align with co-occurring disorders associated with anxiety at 30.9% and depression 41.1%, comorbid with recidivism rates associated with both anxiety and depression (Kelly and Mezuk, 2017).

Research has shown a correlation comorbid with anxiety and depression during the pandemic, but the gap that clearly defines this study supports the facts that both anxiety and depression have significantly impacted lives' due to limited resources, income, housing, education, etc. This study is further supported in variables and concepts that was researched in the phenomena that remains to be studied in counselors' experiences treating males 18 – 65 years of age who have relapsed from opioid abuse. This is relevant in addressing mental health concerns consistent in quality resources and trained staff that can provide consistent social support in the community to individuals who have relapsed and diagnosed with substance abuse. The research study explores how anxiety and depression can contribute towards the male substance abuser's co-occurring disorders that occur simultaneously with substance abuse.

Relapse in the Male Substance Abuse Population

Relapse that occurs within the substance abuse population demonstrates that the United States opioid epidemic and COVID-19 pandemic are two of the most challenging issues that have caused a national health crisis with opioids being the cause of injuries and deaths. The abuse of opioids is contingent on social, cultural, and economic factors vulnerable to this addition and overdose. Temme and Wang (2018) studies demonstrate that the continual opioid and fentanyl abuse account for relapse in 60% of the male population that seek and follow treatment in one year. In the substance abuse male population, studies demonstrate that exposure to violence can lead to likelihood of development of addiction and relapse in treatment (Van Brown, et. al, 2019). The co-occurring triggers of PTSD and trauma associated with violence with domestic abuse, power, control, and coercion of sexual and physical altercations have implications of relapse within the substance abuse population. Van Brown et al. (2019) demonstrated that men that have been exposed to violence at an early age and have a history of abuse in childhood may relate to substance abuse. This substance abuse is dependent on cravings and recurring use of alcohol, cannabis, cocaine, and opioid use related deaths. The studies demonstrate that there is an increase of males ages 25 to 44 years of age to that of females in the opioid related deaths and overdose (Van Brown et. al, 2019). Males have a higher cortisol level than that of women which explains for the circulating testosterone that relates to aggression and irritability (Bartle, 2019). The mental health diagnosis of antisocial personality disorder refers to males with genetic and environmental characteristics associated with crime and risk-taking behaviors. The American

Psychological Association (2019) reported that the overall mental well-being of the male in traditional male ideology can be strongly correlated with strict gender roles that represent the traditional male role of stoicism, toughness, and self-sufficiency that can hinder the treatment process of the male allowing himself to seek treatment and being vulnerable. This information is beneficial to conducting the study. This is current in the experiences treating males exposed to opioid abuse and relapse in the recent pandemic. If the male has not received treatment for substance abuse, there is likelihood that he may repeat the same offense that he started with leaving him at greater disadvantage if the situation is overlooked. This means probing into his past and current trauma associated with violence or abuse. The threat to his environment can play a role in repeating the cycle in both substance abuse and co-occurring disorders associated with behaviors that are conducive to depression and anxiety. The cause of substance abuse such as prior trauma, violence, temperament traits such as neuroticism and genetics plays a role in the opioid abuser's past and present behavior. The phenomena behind the thoughts and behaviors are pivotal in the research study as it seeks to understand the circumstances behind the male's addiction and co-occurring disorders. It plays an even bigger role in society because of its risks of relapse from substance abuse. The research study is just one among others that are designed into creating social awareness behind the phenomena that can be proactive in preventing further outcomes of relapse that is prevalent in understanding how it relates to depression and anxiety comorbid in substance abuse. Relapse is common in opioid abuse and can occur within the first year of recovery with 40 to 60 percent of individuals treated for addiction from drugs and alcohol

(Meadowcroft & David, 2022). This research study explores how effects of the pandemic have impacted treatment of these individuals who repeatedly relapse (Meadowcroft & David, 2022).

Summary

Positive social changes come from further understanding the research study designed to evaluate and provide programs that can help treat and educate individuals within the community. The limited access to services is reduced as clients receiving care are restricted as facilities cannot accommodate them and this includes barriers to services online with computing devices, literacy, and broadband access of telehealth treatment (Meadowcroft & Davis, 2022). The research study increases knowledge on the restrictions and barriers that can further prevent the client from receiving help and preventing relapse. This helps raise awareness as a platform to advocate for the social implications used to raise awareness of clients who repeatedly abuse opioids. The programs are created to help solve the social problem of opioid abuse and relapse within the 18-plus male population. The literature study investigated nature vs. nurture, development, and maladaptive thinking associated with the social cognitive theory. This in turn helped understand depression, anxiety disorders and substance abuse using stages of the TMM model of behavior change in a drug and alcohol treatment facility.

The gap in literature was further explored in providing an understanding into the phenomena of the counselors' experience who have worked with male clients who relapsed from opioid abuse and were diagnosed with anxiety and depression during the COVID-19 pandemic. The research study in the literature review interviews counselors'

treating males aged 18 to 65 years who have relapsed for opioid abuse and were diagnosed with co-occurring disorders of anxiety and depression during the COVID-19 pandemic. The experiences involved an interviewing process that looked at both social learning theory and transtheoretical model of behavior change regarding thoughts and behaviors associated with anxiety and depression related to the COVID-19 pandemic. While previous studies have been explored with topics related to opioid epidemic and anxiety and depression during the COVID-19 pandemic, the current research was used to further understand the counselors' experiences who have treated males aged 18-65 years of age with biosocial, environmental, and human behavior pertaining to relapse and diagnosis of anxiety/depression related to the COVID-19. The research study further evaluated in the next chapter how the research design and rationale, methodology, researcher role, credibility and trustworthiness, and transferability and member checking aligned into the research method.

Chapter 3: The Research Method

The qualitative research method utilizing a phenomenological approach explores the research question of: What is the experience of counselors' who treat male clients that abused opioids who have relapsed and were diagnosed with anxiety and depression during the COVID-19 pandemic? The use of the phenomenological interpretative analysis makes meaning of experiences of participants interpreted by the researcher's theoretical framework and reaches saturation of quality within experiential theming. The goal of the research study was to achieve saturation in providing results within the planned research design and methodology of interviewing participants who fit the criteria of clinicians working with the male population ages 18-65 years who have been treated in Northeast Ohio drug and alcohol treatment facilities. The research methodology was broken down into exploring the research questions developed to increase understanding of clinicians' experience working with anxiety and depression amongst male opioid abusers ages 18-65 who have relapsed during the COVID-19 pandemic.

Research Design and Rationale

RQ1: What is the experience of counselors' who treat male clients that abused opioids and relapsed during the COVID-19 pandemic?

RQ2: What is the experience of counselors' who treat male clients that abused opioids and were diagnosed with anxiety during the COVID-19 pandemic?

RQ3: What is the experience of counselors' who treat male clients that abused opioids and were diagnosed with depression during the COVID-19 pandemic?

The phenomenological study of participants was achieved through themes related to wording of grounded theoretical concepts. It is the theoretical concepts of color-coding descriptive words that identify themes within the context of answering the research questions. The research questions addressed the research problem centered specifically towards counselors who have treated the male population of male opioid abusers 18 to 65 years of age that had relapsed and were diagnosed with anxiety and depression during the COVID-19 pandemic. The population of counselor's clients selected had been diagnosed with a co-occurring mental health disorder in addition to an opioid use disorder related to the COVID-19 pandemic.

The qualitative research design was aligned in a phenomenological study to further explore and understand the counselors' experience working with male opioid users that have relapsed and were diagnosed with co-occurring disorders of anxiety and depression during the COVID-19 pandemic. The research design was applied within the theoretical concepts of social learning and transtheoretical theory with sampling of male population criteria diagnosed with opioid addiction within Northeast Ohio. The understanding of the phenomenological study relating to the non-probability of sampling of participants was achieved through themes related to wording of grounded theoretical concepts. It is the theoretical concepts of color-coding descriptive words that identify themes within the context of answering the research questions.

Role of the Researcher

It is within my scope of knowledge that I was able to seek to understand the experiences of counselors' experience working with male clients that have served in drug

and alcohol treatment facilities during the recent pandemic. I have taken an oath within the social services field to not harm any individual I interviewed and conducted research, which included reducing bias towards participants (ACA, 2015). According the AMCD Cultural Competency Counseling and Development (2022) I was able to keep in mind my own cultural awareness of cultural values and biases recognizing the limits of competency towards those with cultural backgrounds with attitudes, values, beliefs, and experiences different than my own and be sensitive towards one's own race, gender, and nationality. I was aware of the possibility to consult my Chair and committee of any discrepancies and/or biases I might have faced and handle research according to Chair and committee expertise and knowledge. My specific role was that of the researcher and not the counselor, thus it was within my role to remain neutral and perform professionally in obtaining, delivery, and executing of materials, recordings, and collection of data received from participant's interviews and findings. It was my duty to not let results hinder my personal or professional relationship outside conflict of interest or potential biases that could hinder results and conclusions of research study.

Methodology

The phenomenology qualitative research methodology of interpretive qualitative analysis was systematically designed to increase understanding of the interview process and experience of selected participants. These participants were chosen according to meeting criteria of counselors who work directly with clients who have opioid abuse and relapse having been treated in drug and alcohol treatment facilities in Northeast Ohio. The population of participants were a mix of clinical therapists' females and males, 22 to

60 years of age who have had direct contact with male clients who have relapsed and have been diagnosed with anxiety and depression during the COVID-19 pandemic.

Participant Selection. Participant selected were 40% male and 60% female clinicians within 22 – 60 years of age with experience working with male clients with opioid abuse and co-occurring mood disorders that have relapsed and were diagnosed with anxiety and depression and have been in a drug and alcohol treatment facility during the COVID-19 pandemic. The population reached an approximate number of 11 mixed female and male participants. The participants have met the criteria of inclusion questions used in Appendix A. The size determined the saturation achieved in receiving quality of data that the participants have provided in their collection of epistemological reflexivity in making meaning of experiences working with the male clients (Pietkiewicz & Smith, 2014). The narrow sampling reflected saturation to determine that the research study had reached its full potential in supplying data. The data properly addressed the research problem statement and inclusion of criteria that was centered on the male client population that have relapsed and served time in drug and alcohol treatment facilities for opioid and fentanyl abuse during the COVID-19 pandemic.

Participant recruitment. Recruitment of individuals was achieved by recruiting inpatient and outpatient drug and alcohol treatment facilities and private practice clinicians who worked directly with male clients 18-65 years of age that have relapsed for opioid abuse and were diagnosed with anxiety and depression during the COVID-19 pandemic. The participants were recruited through snowball sampling which is a non-probability method where individuals were recruited by others with the use of recruitment

through Walden's participant pool and Linked In. Snowball sampling was a preferred source of referrals where participants could be recruited from prior participants, saving time and money with researcher's convenience of finding participants to perform in the research study. This was with permission from Walden University's IRB (Institutional Review Board) and social platforms to recruit individuals who have relapsed and been treated in a drug and alcohol facility for opioid abuse and were diagnosed with anxiety and depression during the COVID-19 pandemic in the northeast Ohio region in which participants received treatment from March 2020 – July 2022. Participants eligible for the research were sent a flier in Appendix C and given written consents to sign before the interview. Participants were awarded a $20.00 Amazon gift card for their participation upon completion of the research study.

Semi-Structured Interview. The semi-structured interviews were conducted with an in-depth process that explored how counselors identified individuals' issues first-hand associated with anxiety and depression affected by the recent pandemic. This process involved (4) semi-structured interview questions used to gain information from each participant with prompts used for open dialogue between the interviewer and the participant with coding and bracketing for analysis. The semi-structured questionnaire used to conduct the interview between the participant and myself, the researcher, is listed in the Appendix B section after the references. The open dialogue promoted rapport between the researcher and participant. The interviews were followed up further with in-depth overview using prompts. The interviews have been conducted with sufficient data

in drawing conclusions from findings of interpretive phenomenon analysis and recordings of data.

Data collection. The researcher retained confidentiality during the research process collecting data significant in the phenomenon being studied. The researcher played an active role in maintaining trust and gaining rapport with participants. Data collection of the research study was considered emerging themes and included in the coding and inclusion criteria questions (5) in Appendix A and demographic data administered to participants. The researcher asked open-ended questions and provided active listening in the process able to obtain data in phenomenological research. Interviews in Appendix B were recorded from Zoom interviews with semi-structured questions and the use of prompts as the basis for phenomenological coding and analysis in interpreting interview data. Data was collected by interviewing participants with full clarification of the nature of the study, including providing accurate results from original data. This ensured taking responsibility to protect the identity of individuals taking reasonable steps in conducting, reporting, and delivering results that do not compromise unfavorable bias or errors with any personal biases and preconceptions of the phenomenon being studied.

Data analysis. Data was recorded from observations and notes from interviews as the researcher was able to highlight specific themes that were bracketed and coded by colors according to themes to represent the factors that determine the participants' answers in providing clear and concrete correspondence to original research questions. The experiential themes were paired with the researcher's interpretation which was

interpreted by interpretative qualitative analysis (Pietkiewicz & Smith, 2014). The answers provided by the participants were analyzed according to the research questions (3) and categorically color coded and aligned to further understand the biocultural background, beliefs, and attitudes behind the phenomena of the counselors' experience working within the opioid epidemic that cause relapse and death in the male population ages 18-65 years of age who were diagnosed with anxiety and depression during the COVID-19 pandemic. The content and themes of coding in data analysis highlight the content theme of specific words that aligned to the themes that answer the research questions: experience of male clients with opioid abuse that have relapsed during COVID-19, experience with male clients with opioid abuse who were diagnosed with depression, experience of male clients with opioid abuse who were diagnosed with anxiety. The content that did not align with themes in outlier data were edited to be suitable for analysis or removed and not be considered in drawing conclusions from the research study. Manual coding was used with interpretive phenomenon analysis in this research study with attention to narratives from participants' exact words to excerpts from researcher's comments and time stamped from electronically recorded software that transcribed voice recordings thus eliminating any discrepancy in data analysis. The researcher's final account of conclusions drawn from interpreting data and interviews conducted were visited and revisited until results answered the research questions and were able to draw implications from findings.

Credibility and Trustworthiness

Credibility and trustworthiness were dependent on the ethical procedures handled within the researcher's scope of practice and experience working with substance abuse and mental health disorders. I have taken an oath within the social services field to not harm any individual that I interviewed and conduct research which included reducing bias towards participants (ACA, 2015). Snowball sampling has biases that can potentially become a problem for drawing conclusions on a larger scale. Internal validity is the threat to participants in the scope of confidentiality and the association that the participants have with one another. External validity would be that of the targeted population and the effect results yield from a specific geographic location. While snowball sampling can have its advantages of saving time and money recruiting participants, it also has potential for the risk of individuals who share information who want to remain anonymous because of serving time in a drug and alcohol treatment facility and private practice. It was in the best interest of participants for the researcher to conduct snowball sampling within a broader scope of recruitment within treatment facilities, private practice and social platforms taking precise steps in analyzing data to reduce internal and external biases.

Credibility is considered when findings are of original data conducted by the researcher and correctly documented with clearly identifying the quality, congruent of implementation and transparency of the procedures handled within the research study (Frey, 2018). Conformability is measured on the fact that I was able to collect all data, data analysis and interpretation of the data dependable on the fact that at any point the research study was conducted with an internal/external audit. Trustworthiness is the

ability for me as the researcher to prove that the qualitative research in the recruitment, handling of materials, and information were dependable in the interviews in providing validity and reliability in its findings and results in phenomenological interpretation and the research study questions. In implementing credibility and trustworthiness I was able to incorporate peer debriefing in transferability and member checking in reaching congruency into providing sufficient data achieved in its results with consulting Chair and committee members for accuracy.

Transferability and Member Checking

Transferability is achieved in understanding the detailed descriptors of the members being questioned, which in turn led to the researcher providing sufficient data described in rich content, congruent to the saturation and depth into understanding each member's experiences (Merriam & Tisdell, 2016). The sampling size of 11 participants reached saturation with a narrow range of participants chosen from criteria that provided reliability within a triangulation of combining data themes that answered the research questions.

The phenomenology qualitative research method was conducted by the researcher with interviews of participants within a Zoom platform. Member checking was carried through with participants after the interview process to ensure accuracy of the findings of researcher results to validate the individuals' experiences and research into providing internal validity and accuracy. Member checking involved the participants analyzing the findings and commenting on them allowing the participants self-reflection on their experiences. Member checking was contingent on the fact that the participants were able

to follow through on their end by being consistent in the process when the research study was complete.

Ethical Procedures

It was my responsibility as the researcher to conduct a professional code of conduct towards all those I met in interviewing and handling materials and research. I have taken an oath to not harm any individual I interview and conduct research, which includes reducing bias towards participants (ACA, 2015). This same code of conduct towards individuals in the ACA also applied to the competency in the researcher's multicultural awareness that recognizes the limits towards those with a difference other than my own with regards to gender, race, cultural background, religion, and disability (AMCD, 2022). The ethical procedures I was able to execute are consistent with my competency and concerns related to the treatment of human participants and the use of Walden University's IRB permission to recruit participants through treatment facilities, private practice, and social platforms.

I was able to collect and store all confidential data separate from work or personal accounts to avoid any information leaking or shared amongst others, thus potentially harming the individual. The handling of all materials and the professional standards in which I was able to perform with a code of conduct according to ethical procedures is dependent on the researcher's scope of practice. It was my responsibility as a researcher to process all materials including data collection, data analysis and interpretation of the data, storing all confidential data separate from personal accounts to avoid any information to be leaked or shared amongst others. Informed consent in the interview

process was conducted in writing and verbally with rights via computer, I was able to comply with all ethical procedures and access to participants meeting ethical guidelines and criteria with URR and Chair/Committee members.

Summary

The purpose of the planned research design in this phenomenology qualitative study and methodology was proven to yield results to further explore and understand counselors' experience working with male clients with opioid abuse that have relapsed and were diagnosed with depression and anxiety during the recent pandemic. The in-depth semi-structured interviews were conducted with a mix of female and male clinicians between the ages of 22 – 60 years of age who have worked with male clients who have served time in a drug and alcohol facility treatment center during the COVID-19 pandemic. The semi-structured questionnaires conducted between the participant and me, the researcher, are listed in Appendix B in the section after Appendix A inclusion criteria questions. The inclusion criteria questions were the initial observation and criteria needed for inclusion of participants eligible to conduct the study. The qualitative research approach was used to seek and understand the phenomena behind addiction and mental health disorders such as anxiety and depression that has been prominent since COVID-19 pandemic, providing a further understanding behind the relapse that occurs with opioid abuse in Northeast Ohio.

A phenomenological research design is an interpretative qualitative analysis that asks how and what is the experience of counselors' who have worked with male clients 18-65 years of age with opioid abuse that have relapsed and been diagnosed with anxiety

and depression during COVID-19 pandemic (Burkholder, 2020). The results were contemplative on the fact that I am competent in my chosen field to implement the delivery and execution of questionnaires from participants to answer the research questions and further understand the factors associated within the context of the research problem. Transferability was considered with an approximate sampling size of 8 to 12 participants reaching saturation of a sample size of 11 in providing reliability. Member checking was carried out with each participant reaching internal validity and accuracy. The research method was carried out according to the ACA ethics of the researcher's competence towards providing original results in the process that cannot harm its participants and its study. The study was conducted through proper guidelines according to the Research URR committee and Chair providing rigorous effort to comply with ethical and research guidelines.

Chapter 4: Results

The purpose of this research study was to conduct phenomenological interviews based on counselors' experiences treating the male population 18-65 years of age who abuse opioids and have relapsed within 12 months of recovery. The male clients were diagnosed with anxiety and depression related to opioid abuse and relapse during the COVID-19 pandemic. The male clients were not currently incarcerated or serving time in a drug and alcohol treatment program. The interview process is a comprehensive guide to understanding the opioid epidemic related to relapse and associated with anxiety and depression during the pandemic. The interviews conducted with participants were screened before being recorded by the Zoom platform and transcribed word-for-word by the researcher in the Northeast Ohio area. The research design of I.P.A. was thematically applied in the research study to collect the data, a summary of the results, and a detailed analysis of the findings structured by the research questions. The questions aligned with the researcher's research study asked participants:

RQ1: What is the experience of counselors who treat male clients who abused opioids and relapsed during the COVID-19 pandemic?

RQ2: What is the experience of counselors who treat male clients who abused opioids and were diagnosed with anxiety during the COVID-19 pandemic?

RQ3: What is the experience of counselors who treat male clients who abused opioids and were diagnosed with depression during the COVID-19 pandemic?

Setting

The research study participants were counselors working in mental health and substance abuse during the peak time of the pandemic 2019-2022. The participants were recruited through the social platform of the researcher's Linked In site, which contained information about the study, which was attached by a flyer in Appendix C. Participants were also recruited through the researcher's Walden University research participation study participant pool. The participant poll through Walden University provided each participant with the research title, a brief description of the study and inclusion criteria within the participant pool webpage, and instructions on reaching the researcher through school email. I used Walden University email as a mode of communication for screening participants. I screened each participant with inclusion criteria in Appendix A and written consent attached to each potential candidate’s email eligible for the research study.

I had to ensure the participant was a proper fit for the study to ensure saturation in providing quality, not quantity. This was based on ethical correspondence between me and the participant. The participants who took it seriously followed guidelines in consent, criteria questions, and vocabulary of professionalism within the interview process. The

participant agreed to a schedule three times aligned with mine in two weeks. I conducted the research via Zoom live, recorded and stored it in a Microsoft folder labeled with each participant's first name. The candidates were asked what they would like to be called during the recorded Zoom session, refraining from last names and names of clients excluded from the session. Each participant who conducted the study could have a copy of their transcribed session with study findings included in the results for member checking. The recorded sessions of the interview study were time-stamped, approximately 40 minutes, with each participant's verbal consent and clarity of study with concerns and questions in handling the ethical procedures in conducting the pre- and post-study results. The $20 gift cards were emailed from Amazon after the interview.

Demographics

The demographic region of the study focused on the area where the researcher resides in Northeast Ohio, with specific attention to counselors working in rehabilitative and/or office settings with male clients who abuse opioids. Most participants came from various backgrounds and demographics, as the research proved to be an overwhelming response from 30 participants who wanted to be included in the study. The response included snowball sampling, in which I had to narrow the participant sampling down to 11 participants from the U.S.

The participants came from various locations across the U.S. Table 1 shows the age and Licensure. Northeast Ohio is the demographic region I wanted to focus on with research on opioid abuse and relapse with anxiety and depression during the COVID-19 pandemic. There were participants I had met before conducting my research, and we

studied together during my residency in counseling through the Walden University Program. They reside and practice near Northeast Ohio in New York, Cincinnati, and Pennsylvania. There were participants I needed to have the privilege of meeting before school or working with, and they came from private practice and rehabilitative agencies within Texas (2), Arizona, and Florida.

Table 1

Description of the Participants

Participant	Gender	Age	Employed Private vs. Rehabilitative
P1	M	30	CDCA/Clinician Rehabilitative
P2	F	52	LPCC – Private Practice
P3	F	46	LPCC-S – Private Practice
P4	M	22	L.P.C.– Private Practice
P5	F	31	L.S.W. – Rehabilitative
P6	M	24	CDCA/Case Worker – Private
P7	F	29	LCSW– Private
P8	F	28	L.P.C. – Private
P9	M	46	L.P.C. – Rehabilitative/Private
P10	F	33	LCSW – Private

P11	F	60	LPC/CDCA – Rehabilitative

Data Collection

The I.R.B. approved the research study # 01-18-24-0344351 on January 18, 2024. The process of getting it approved by I.R.B. accrued over six months, with revisions made to extend the I.R.B. approval from the original research on July 08, 2023, 'males' experience with opioid abuse and relapse with anxiety and depression during the COVID-19 pandemic. The ethical concerns with safety and risks associated with opioid abuse and relapse is a sensitive area that needs to be addressed, thus allowing changes resulting in 'counselors' experiences working with male clients who abuse opioids and relapsed with anxiety and depression during the COVID-19 pandemic. I changed my original research topic due to the handling of ethical procedures and the time involved in trying to expedite the study. I found that recruiting potential candidates working in the field proved to be a smoother transition had I not made the initial change to the research study.

The recruitment of candidates proved successful within a month of handling consent, criteria questions, scheduling, and the interview process. All interviews were kept confidential, with identities considered, and files were stored, including notes with recorded interviews kept in cloud storage in Microsoft 365. Microsoft offers free transcription for those with Microsoft Office accounts. The transcription service allowed each interview to be recorded and downloaded from Zoom. It transcribed word-for-word with little to no errors in enunciation. The entire process of transcribing and editing took about one month to capture and edit the material needed for data collection and analysis.

Data Analysis

Data analysis was conducted using I.P.A., A phenomenological process that interprets participants' experiences treating male opioid abusers who have relapsed and were diagnosed with depression and anxiety during the COVID-19 pandemic. The questions used during the interview needed to reflect the interpretative meaning behind the information, opinions, and feelings that reveal descriptive data and the meaning behind the phenomena (Merriam & Tisdell, 2016). The questions in Appendix B in the interview reflected appropriate responses from participants that aligned with the research questions in the study. The interview process also warranted follow-up questions that allowed the participant to dig deeper into the thoughts and feelings behind the epidemic and pandemic. I manually provided each participant's responses with recording and transcription, highlighting similar themes to interpret qualitative data. I used a yellow highlighter to highlight similarities of words and phrases found subsequently throughout the interview that represented recurring responses in dominant themes. I used a pink highlighter to highlight emerging or secondary themes, which reflected the combination of similarities and differences. This allowed me to explore a more profound meaning in the researched phenomena. Emerging themes and divergent thinking allow an expansive view into ideas and thinking that better understands the empirical process behind qualitative research, which helps future research to create creative cognition (Cortes et al, 2019). With editing and revision, I could document seven dominant themes in the following with seven emerging/secondary themes.

Dominant Themes

I highlighted recurring responses from participants that were consistently repeated according to the interview questions in Appendix B and categorized the responses into seven dominant themes. The following themes in bold are listed in categories of loss, including jobs and income, finances and instability, contemplation stage, Therapy and checking in, family and support, stress and anxiety, and isolation and depression. The responses from participants are listed below.

Theme 1 - Loss

The first theme is aligned with the interview questions about the loss of jobs, relationships, and services due to the COVID-19 pandemic. This theme was dominant throughout the interview regarding the counselor's clients who experienced job loss, resulting in rehabilitation and counseling for opiate use, relapse, anxiety, and depression.

Three participants responded to job loss, with Participant 7's response: "Clients lost their jobs and lost finances due to inability to take care of their family." Five participants discussed the loss of relationships with Participant 9's response, "Clients lost their relationships, and some of them lost their family members, which led to continuation of habits. If they do not have a support system that can encourage them, they become addicted." Two participants discussed the loss of services with Participant 10's response: "Isolation with services cut down or reduced and reduction of interpersonal services caused clients to become addicted because of boredom and lack of activities."

Theme 2 - Finances/Instability

The second theme relates to the counselor’s clients' financial experience and the instability it caused within their lives due to the COVID-19 pandemic. The instability created a significant impact on their emotional responses and difficulty with abstaining from substance use and risk of relapse.

Two participants responded to finances, with Participant 2's response, "Financial because of being laid off work and lack of finances to afford services." Three participants responded to instability, with Participant 11's response, "Clients felt hopeless because of instability in their lives, and this was difficult in monitoring habits, which led to lack of accountability."

Theme 3 - Contemplation Stage

The third theme was related to the T.M.M. model of change in substance abuse, with most of the counselors' responses concerning the contemplation stage. The contemplation stage of change is because their clients were aware they had a problem but were unable to abstain from substances and had several failed attempts during the COVID-19 pandemic. Six participants responded to the contemplation stage with Participant 2's response, "Clients are in the contemplation stage with ambivalence in their contemplation, largely speaking they are considering making a change in their life and talking about changes in which they are comfortable."

Theme 4 - Therapy and Checking In

Theme 4 is dominant in that counselors recalled their experiences with clients in the interview and were asked how they could abstain from substance use and risk of relapse during the COVID-19 pandemic. The counselors responded that their clients felt

good about their therapist and case worker checking in on them regularly by individual, group, and online, which helped their clients' sobriety and emotional well-being.

Five participants responded to Therapy with Participant 4's response: "Therapy helped with individual counseling and groups, meeting online, and engaging with a phone call every week or two times a week. Having a support system is the foundation that helps give tools to work on pushing back negative thinking." Two participants responded to checking in with Participant 3's response: "Some would say nobody checked in on me and felt like nobody cared, and it was difficult for me in person whether it was me, his P.O., or his caseworker."

Theme 5 – Family Support

Theme 5 related to family and support that the counselor's clients experienced with helping them abstain from substances and avoid risk for relapse during the COVID-19 pandemic.

Four participants responded towards family support with Participant 6's response, "We helped them bond with their loved ones, we created internal and external relationships for them with family and community and reunited them with their loved ones whether it is by Zoom or phone call." Participant 10 responded differently, saying, "Sometimes COVID-19 made it easier since people were already with their people and not separated from each other."

Theme 6 – Anxiety and Stress

Theme six aligned with the interview questions that ask the counselors to recall their experience with clients' anxiety during the COVID-19 pandemic about their

substance abuse and relapse. There was an overwhelming response from counselors about their client's feelings and experiences with anxiety and stress.

Eight participants responded to the client with 9's response, "With the World being a global crisis, challenges of daily life were stressful, and I saw a flux of anxiety symptoms with excessive worry and stress. However, COVID-19 does not eliminate a person being a victim of opiate and drug use."

Theme 7 – Depression and Isolation

Theme seven aligns with the interview question that asks counselors to recall their experience with clients' depression during the COVID-19 pandemic about their substance abuse and relapse. There was an overwhelming response from counselors about their client's feelings and experiences with isolation and depression.

Seven participants responded to the client with Participant 5's response, "Social distancing and distancing orders caused depression with clients because they did not have a good support system or friends to lean on, and the social distancing caused some relapse and O.D. with drug use. COVID-19 brought a lot of anxiety and depression, causing homelessness." Participant 10 responded about isolation, saying, "Isolation led to drug and substance use as familiarity with some of them sexually molested, bullied in school, and you know the depression and the boredom that they get from parents neglecting them is a contributing factor."

Emerging/Secondary Themes

The following ten responses from participants are emerging/secondary themes, which allowed me, the researcher, to dig deeper into understanding the phenomena

surrounding the thought process of how the counselor felt after the COVID-19 pandemic. The responses are listed below. According to the participant's responses, the convergent/secondary themes are labeled into seven emerging themes from personal concepts: job placement, self-care, telehealth, resiliency, government programs, mental health, and health. The emerging/secondary themes allow for implementing positive social change.

Theme 1 - Job Placement

Participant 2 responded to job placement: "I have noticed changes as a result of the pandemic, where clients feel assured with finding employment and fitting into the community, with improvements compared to those that deteriorated, with positive impacts that connections we are creating for those laid off."

Theme 2 – Self-Care

Participant 4 responded to self-care: "I think a major issue for counselors is that they routinely incorporate professional ethics and self-care, and I have lost people close to me. I had issues of my own, and it is a struggle with pain, but you do your best to help them out and continue doing your best in whatever you are doing." Participant 6 responded to self-care: "I had a lot going on during the Pandemic with my personal life, and COVID was secondary, and it helped me figure out what I need to do to make sure I am a functioning human and keep my boundaries set."

Theme 3 - Tele-health.

Participant 1 responded to telehealth: "I enjoy telehealth. It keeps connections going longer, which is positive. There is no lockdown. We can go on with normal life,

and people can talk to people." Participant 4 responded to telehealth: "It has expanded to telehealth accessing links with therapy more conducive to services with Medicare and Medicaid rules for COVID with kicking off various health insurances, which is a negative aspect."

Theme 4 - Resiliency.

Participant 5 responded to resiliency: "I think things have gotten better, and I have seen people recover because their resiliency has become stronger because of it. You know it brings hope, and it has been positive."

Theme 5 - Government Programs.

Participant 1 responded to government programs: "The government started a program called A.C.P., Affordability Connectivity Program, which relies on internet and phone access. It can give them free cell phones, food stamps, building your resume, and things like that."

Theme 6 - Mental health.

Participant 6 responded to mental health: "During the COVID, you had to rebuild someone's life and focus on how I can help them access things they need to reduce symptoms of anxiety."

Theme 7- Health

Participant 7 responded to health: "The health sector has put many things in place ever since to make sure this does not happen again, and we have been working tirelessly to ensure we put everything in place with huge improvements." Participant 11 responded

to health: "One thing is with COVID, we got all those people insured with health insurance."

Trustworthiness

Credibility

Credibility proves the authenticity of the qualitative study. The rhetoric persuades the audience that the data collected, analyzed, and interpreted are presented with trustworthiness (Merriam & Tisdell, 2016). Credibility was first derived from Greek Aristotle's ethos rhetoric to persuade people of trustworthiness. I, the researcher, have considered the credibility of the research data in providing the participants with word-for-word transcription with no errors returned. The participants were sent their data and asked if they had any questions or concerns that needed clarification. The participants who followed through with their responses were satisfied with the results.

Transferability

Transferability allowed the audience to see detailed findings of the study, enabling transferability with adequate evidence presented from participant interviews in thick descriptions (Merriam & Tisdell, 2016). The qualitative research allowed the descriptive phrases and responses from participants in a natural setting of their choice where external validity could be fluid in nature and depth. The study proved helpful in providing transferability in experimental studies that could prove similar in reaching audiences that served populations around the continents that can benefit from substance use and programs used to treat substance abuse.

Dependability

Triangulation was used to collect data using multiple methods, and it could be best used to provide dependability and reliability with an audit trail. An audit trail is used to collect data, obtaining consistent data congruent with the reality best understood by the participants (Meriam & Tisdell, 2016). I used an audit trail in the qualitative study to ensure accuracy by keeping a journal of notes where I could highlight phrases, words, and meanings behind the reflections transcribed in participant responses. It was a detailed account of interactions I encountered while recording with participants. The audit trail also provided a clear and concise method of delivering dependable interpretations of the data collection.

Conformability

Confirmability was established by providing credibility to the work and its findings (Burkholder et al., 2020). I provided conformability in my confidence towards the participants' narrative other than keeping my bias separate from the conclusions of the research findings. I used conformability in an audit trail to provide notes and demonstrate trustworthiness in qualitative research by including member checking. This allowed participants to check their transcripts and provide feedback on communicating clarity to avoid bias and be authentic in gaining trustworthiness in the results.

Results

The research findings demonstrated the dominant themes in Table 2 and emerging/secondary themes in Table 3 with satisfactory results. The participants' responses warranted similarities between the opiate epidemic and relapse during COVID-

19, with attention to mental health heightened by the pandemic. I, the researcher, captured the thoughts and accountability experienced from the participants' narratives of the male clients they treated and the depth of their emotions and feelings about helping others during the pandemic. The counselors and therapists sacrificed their health working with male clients who abuse opiates and have relapsed during the COVID-19 pandemic. This act of service not only challenged their thoughts and beliefs but gave them the resilience to help those who could not help themselves. A world crisis challenges everyone to consider the urgency to take action. I recall my own experience working as an L.P.C. in the crisis center during the pandemic with a population that was homeless and needing detox from substance abuse without shelter, food, and mental health services.

The participants' accounts of the male clients they worked with used "resilience and hope" several times in the interview process. It was resilience that these clients felt held accountable in their stage towards change when they exercised the ability to come together through telehealth services, group therapy, individual therapy, and family support. In rehabilitative practice and treatment, substance abuse is often followed by relapse within a 6 to 12-month period of recovery. This can be a result of service lapses in the community and homes with internet, finances, health insurance, and support. Opiate abuse can result from many factors in the community and within homes. One participant stated, "You cannot change their way of thinking," meaning if a male client abuses opioids and relapses, "it is a pattern of thinking because of habits they will and

cannot change, no matter what the crisis." This considers the thinking of change resulting from substance abuse and relapse with anxiety and depression during the pandemic.

The licensed counselors discussed their experiences treating individuals regarding C.B.T., the T.T.M. model of change, and the social cognitive theories grounded in the research study. This qualitative phenomenon has proved satisfactory in explaining the experiences of working with male clients who abuse opioids and have relapsed with anxiety and depression during the COVID-19 pandemic. The following are excerpts from responses made by the participants who are licensed therapists and counselors treating male clients who abuse opioids and have relapsed within 12 months of recovery during the COVID-19 pandemic. The male clients are 18-65 years of age and have been treated in private practice and rehabilitative facilities in Northeast Ohio and surrounding areas in the U.S. The male clients are diagnosed with anxiety and depression during the COVID-19 pandemic. The results of the research study prove that both anxiety and depression are not only co-occurring disorders associated with substance abuse, but they have also heightened because of the COVID-19 pandemic with recurring words: loss, instability, isolation, stress, trauma, vulnerability, and fear.

Research Questions, Dominant Themes, Secondary Themes, and Responses

The following results are excerpts from each participant's responses to the research questions R.Q. 1-3, which were found throughout the interview process. The reactions are boldly highlighted to represent the patterns of dominant and secondary themes.

RQ1 What is the experience of counselors who treat male clients who have abused opioids and relapsed during the COVID-19 pandemic?

P1: "**People lost their jobs, lost their relationships, and lack of activities.** We were all indoors, with no movement, **lockdown leading to major stress**. **Some also lost their family members**, leading to continuing certain habits."
P2: "Individual counseling and groups helped them feel more **stable**. **The support system was a fact that they felt loved and accepted back into the community. This is a major factor in helping them recover and abstain from use.** We come together in community and give support to those trying to recover."

P3: "Personal services were not available, and male clients I worked with were **undergoing depression and frustrations during the pandemic, funds, for example.** They would **feel unstable**. With **finances and loss of jobs**, they might have to take care of their families and find it hard to take care of themselves."

P4: *'*Some transitioned into **telehealth**, which helped retain clients at this time. Some clients were on M.A.T. program and could continue with their injections, and some contracted outside to facilities with psychiatry for services, with some having services interrupted for more on the waiting list.'

P5: 'We cannot monitor clients all the time. We **try to help them bond with the loved ones around them and create external and internal relationships for them.** Some struggled, and some of them had no support system to help talk them through it with personal growth, confidence, and personal latitude."

P6*: "***Smart Recovery and NAMI used many telehealth and Zoom platforms, and meetings exploded. This helped keep them connected even with phone calls**. The center I worked in at the time helped maintain sobriety with peers, where they could talk about their issues and achieve their goals."

P7: *'*Accountability was not always there. Mostly, they are considering wanting to make a change, and it is tough during a pandemic, and there is not much to entice them to be sober in the midst of chaos with 60 to 75% homeless that need stable housing and shelter."

P8: 'They were like, you know, I am at a low point of my life with some in denial and others **contemplating** about it talking to them about solutions and stages to where they are comfortable. It was 50/50 with success and relapse.'

P9: "Many times **mental health is stigmatized for males where they do not open and share how they are feeling and bottle it in**. This is taboo in some cultures; it helps with **C.B.T.** and **EMDR** to help change their thought process by looking at things from a

different viewpoint and using various coping tools. If you have negative thinking, a person may relapse."

P10: "**The tolerance levels would go down while there were stressors during the** pandemic, the worst part being death. The **percentage is high relapse because they could not touch base with their counselor, and it was challenging to check**. Many clients would back out having a brief period of sobriety during that time."

P11: "Clients felt isolated with increased restrictions and sober housing, fewer employment options because everything was furloughed, and it was unsettling for people to return to the only way they know how to survive."

R.Q. 2 What is the experience of counselors who treat male clients who have abused opioids and were diagnosed with anxiety during the COVID-19 pandemic?

P1: "With the world being in a global crisis, challenges of daily life, not having access to meetings or **losing jobs, not affording anything they wanted was challenging."**

P2: "**The anxiety caused such things to happen, which caused them stress, which was a major issue**. Some of them resorted to crime, which is bad because life is tough for them."

P3*: "***I think anxiety was what I observed the most with losing a loved one and the worry that COVID was contagious, and so when somebody in your family has lost a loved one, it is unpredictable** and is something we have never experienced in our lifetime, and it **causes trauma to some people."**

P4**: "**Regarding COVID, you know the World has shut down, and they just cannot return to normal. **I saw a flux of anxiety symptoms more and more, talking about it, how it is affecting them,** and coming up with explanations about it."

P5: "That was challenging, affecting all areas, telling me how they were feeling and some with **PTSD."**

P6: "**They felt overwhelmed, and you can't pour from an empty cup, just as I felt the same: You must recharge your battery. This was typical for me** looking at the media, and I could not book so many apartments. The **government did step in and realized that people needed help**."

P7: "**I saw a lot of their thinking patterns were changed, and they were kind of a little bit fixated on particular concerns, especially for male clients around**

employment, being able to gain housing, which was big as they shared their anxiety in the group."

P8: "**There were some who had expressed an increase of anxiety with going out and doing things to escape reality, difficult** to steer them away and had to be reminded that they have to resist the urge to use with feeling ashamed or feeling bad with reminding them this part of it."

P9: "**With mental health, this is normal for co-occurring disorders with anxiety; when it comes to addiction, whether it is social anxiety, they have anxiety**, and the support system needs to be a little bit closer concerning what it entails with fears of surfacing a **panic disorder with COVID-19,** and people panicked wondering if they were next."

P10: "I would screen with an intake packet to assess anxiety, and it was high; another was P.C.L. 5 for PTSD. **COVID does not eliminate being a victim of opiate and drug use. Clients self-medicate with drugs and alcohol from the streets."**

P11: "**Anxiety contributed to both abuse and relapse within the** community being restless, fatigued, and not having a support system and would lead them to **go to the nearest bar or streets because as humans we do not like stress and next option is to get what you want to feel good now."**

R.Q. 3 What is the experience of counselors who treat male clients who have abused opioids and were diagnosed with depression during the COVID-19 pandemic?

P1: "Depression with the trauma they had in the past or going through COVID. **Some experienced traumas in childhood and adulthood and did not want to discuss them. COVID brought some bad scenarios triggering them with isolation, alienation from family because of use and COVID."**

P2: "**Depression was moderate to high**. Some **were depressed because they lost everything**. **Depression was maybe not as high as anxiety, but their depression contributed to use and relapse and some O.D. with drug abuse."**

P3: "**The isolation part and social distancing orders caused clients to experience depression because they did not have a good support system or friends to go to and lean on for support**. Clients dealt with drugs because it kept them interacting with a drug dealer or various people in the community."

P4: "**Many clients had depression, and because of trauma, they have experienced the things they see themselves as 'losers'** talking about reconditioning negative thinking,

not dismissing the things they have suffered but acknowledging it and finding hope to heal from it."

P5: "**COVID brought much depression, and when isolating, there is w/d causing people to stay homeless with no social interaction, which is a big determining factor in depression**, and **some specific opiates can cause that too with downers and increase that."**

P6: "**I would see that in hygiene where they are not taking care of themselves with one individual feeling depressed and a lot of isolation and frustration with his limitations for finding employment and having stability in his life** and not having his daughter back in his life; he lost hope."

P7: "**They showed little interest in doing anything with activities; they were not feeling motivated, low, not special, or they did not mean anything to anybody."**

P8: "**Depression is so heavy, they may lose a loved one, and the best thing we can do is empathize with this person and help them get through this and tell them it is going to be OK."**

P9: "It is a journey that we all go through together and let them know they are not alone. The pandemic was at its peak, but now it has been reduced. We had numbers of people having anxiety and **depression with life and drug use causing depression and many things."**

P10: "**Some of them had everything interrupted, which was a major issue, and that led them to substance use as familiarity. Some** of them are sexually **molested and bullied in school, and the depression and the boredom that they get from parents neglecting them is a contributing factor."**

P11: "I**t was more severe for clients who already had clinical depression, whether it be something that has been diagnosed or not**, and you would notice it with them. It is hard to manage emotions and motivation in early recovery, and then you cannot do things now, right?"

Summary

The purpose of this study was to dive deeper into the phenomena of the lived experiences from counselors' perspectives who have treated opioid abuse and relapse of male clients 18-65 years of age diagnosed with anxiety and depression during the

COVID-19 pandemic. The results proved satisfactory in providing 11 participants, 70 percent female and 40 percent male, reaching saturation in the qualitative process. The participants were either found on Linked-In or in Walden's participant pool, were licensed in the field of Psychology, and have treated clients during the pandemic of 2019-2022 in private practice and rehabilitative facilities in the Northeast Ohio region and surrounding areas in the U.S. in Table 1. Ethics were considered with approval from I.R.B. committee members and Walden University research team faculty. Each participant agreed upon written consent, and the confidentiality disclosure and inclusion questions were emailed. The interview process was transcribed from a Zoom platform between the researcher, me, and the participant in 40 minutes. Recorded session. Each participant was given a transcribed copy of the interview, which was checked twice before being sent using an audit trail for member checking and conformability in providing valid and unbiased results.

The interview questions ask participants about their experience treating male clients with opioid abuse and relapse that had occurred within 12 months of recovery during the COVID-19 pandemic. The questions also ask participants about their experience treating male clients with anxiety and depression during the pandemic about opioid abuse and relapse. The excerpts from participants' responses are transcribed word-for-word in italics with dominant (loss, finances, contemplation, Therapy, support, stress, and isolation) and secondary themes (job infrastructure, self-care, telehealth, resiliency, government programs, mental health, and health). The words and phrases are highlighted in bold, demonstrating similarities and emerging patterns for thoughts, emotions, and

ideas taken from participants' responses, which aligns with the R.Q.s in the research study. The research analysis was conducted using the researcher's I.P.A. skills, and data was stored and kept confidential and safe for five years. In the following, Chapter 5 will interpret the findings, limitations of the study, recommendations, and implications for social change.

Chapter 5: Discussion, Conclusion and Recommendations

According to (D.H.S., 2024), the crackdown on the global crisis of opiate use and death from opiate abuse has sparked concern as the Defense Homeland Security addressed in March 2024 that more than 13,000 pounds of opiates were seized by the U.S. Customs and Border Protection and Homeland Security Investigations, including fentanyl. This chapter highlights discussion, conclusions, and recommendations with interpretations, limitations, and implications from research on opiate abuse and relapse with attention to anxiety and depression that was conducted after COVID-19. In this qualitative research study, I was able to research the phenomenon behind the global crisis and opiate epidemic in the communities that were affected by co-occurring disorders during the COVID-19 pandemic from 2019 to 2022. COVID-19 may not affect civilians daily with U.S. government restrictions, but statistics on U.S.A. Facts (2024) continue to surface in communities with current cases of COVID-19 deaths. The statistics are displayed in the U.S.A. Facts by graph show a decline in cases and deaths since 2019 and the highest peak in December 2021.

The purpose of this research study was to interview counselors who have worked with the male population 18-65 years old who abuse opiates and have relapsed during the COVID-19 pandemic with co-occurring disorders. The co-occurring disorders that counselors often see with substance abuse are anxiety and depression. Anxiety and depression proved to be heightened during the pandemic and, as a result, caused stress for both the male substance abuse population and counselors working in the field at the time of the pandemic. I.P.A. was the qualitative tool used to conduct the research from

interviews and analyze data conducive to collecting responses from 11 participants as they recalled their experiences working with the substance abuse population in rehabilitative facilities and private practice.

Interpretations of the Findings

The study's results helped gain a deeper understanding of the phenomena (Pietkiewicz et al., J.A., 2014) that caused uncertainty among counselors and their clients during the pandemic. A common theme found in the research study during the rise of the pandemic triggered emotions with stress and isolation, thus causing anxiety and depression associated with relapse and opiate abuse. Findings in existing literature support the themes that evolved from this study. The literature supports the trauma responses triggered by higher cortisol of, stress levels with substance abuse and relapse. The social theories (Psychology, 2021) support the biopsychosocial level associated with the nature vs. nurture role in human development, Maslow's hierarchy of needs, and the conditioning of thinking and behavior behind Beck's C.B.T. towards perceived helplessness and homelessness. The social change behind the phenomena was to raise awareness of the problem and create community and government social platforms to instill a unified approach to handling a crisis. The contemplative stage of change (Prochaska, 2015), the T.M.M. model of change, demonstrates in the findings that individuals were aware that they needed change and were willing to take the necessary risks to achieve success to avoid relapse and abstain from substances. The global pandemic was challenging at this time, but individuals who were resilient in making change attended online meetings, engaged in M.A.T. assistance programs, and checked in

with their counselors and case workers regularly. The individuals who did not achieve success relapsed within 12 months as they continued to isolate themselves from family members and community support.

Limitations

The study's limitations presented challenges in recruiting candidates in the researcher's chosen demographic area. The research focused on the opiate abuse pandemic prevalent in the northeast Ohio region. I was able to find previous studies focusing on the opiate abuse pandemic, but not in the chosen area where I have worked and resided. I have worked in the mental health field for five years in the northeast Ohio region and worked with counselors and case workers in substance abuse facilities, crisis centers, and private practice. The research findings were to be collected and analyzed in the I.P.A. based on the counselor's perspective experience working with the male abuse population. The first challenge presented limitations in finding reliable participants who responded with dates and times that would work in their busy schedules to interview. The second challenge was finding participants who remained honest in their account of working with the male substance abuse population in their professed field of study. These participants were chosen from social sites like Linked In and snowball sampling. The third challenge was internet reliability from the participants' end during the interview process and data collection. The method of finding reliable and trustworthy candidates was made with rigorous attempts at triangulation. The research reached saturation by narrowing the search to 11 participants, thus providing results that proved to be valid and credible in the qualitative process.

Recommendations

The studies proved to be satisfactory in reaching saturation with details concerning the counselor's experience working with the male substance abuse population. The male clients that the counselors have worked with in their chosen field have abused opiates and have relapsed during the COVID-19 pandemic. The males 18-65 years of age have shared their experiences, giving their account of heightened anxiety and depression as a result of opiate abuse and relapse during the pandemic. Further research could be done on the pandemic as this is a fresh topic and still heavy on counselors as they discuss their stress levels in the field. The emotions these counselors mirror from their clients and the thought process behind the global crisis have some feeling stressed and relieved from the pandemic. The toll of deaths will undoubtedly be felt with reservation and sadness, but the time that these counselors put in during the pandemic will not be forgotten. It would be recommended that counselors find self-care in their busy schedules and be able to talk about their experience with a professional. Often, counselors are too busy helping those who cannot help themselves and overlook their feelings and thoughts about a global crisis and the effects it carries over into their own lives.

Implications

The findings of this study proved to be insightful and implicate a social problem of opiate abuse and relapse that continues in the U.S. today despite the pandemic. The problem can certainly be resolved with further governmental programs to stop opiate use and prevent deaths from rising in the U.S. due to substance abuse. Implications from this research study can help educate counselors and professionals in the field who work with

substance abuse populations by being proactive in providing care to their clients and care to themselves. This research can help providers find reliable resources in the area that will help increase knowledge and be consistent in their efforts towards preventing heightened anxiety and depression if a crisis were to occur.

The social cognitive theories implicate the environmental and psychosocial factors that the males have experienced with substance abuse and relapse that can occur within 12 months of sobriety. Albert Bandura (Bandura, 2019) and Abraham Maslow's social learning theories both demonstrate implications that are carried out in the environment that plays a significant role in the life of the male opiate user who is under considerable stress observed when their needs are not met. The process of thinking and behavior needs to be reconditioned with C.B.T., and the T.M.M. model helps guide the individual in the process of their rehabilitative experience toward change.

Conclusion

In conclusion, the research study has demonstrated that both anxiety and depression impacted the male population 18-65 years of age and their experiences in opiate abuse and relapse during the COVID-19 pandemic from 2019 to 2022. This experience was observed and told from a counselor's perspective by collecting data from interviews recorded and stored confidentially within five years. The counselors were given fliers in Appendix C and inclusion questionnaires in Appendix A by the researcher with appropriate responses and consent to conduct the interview in Appendix B, approved by I.R.B. and committee members of the Doctorate program. The researcher found participants who met the requirements in the inclusion questionnaire within the

demographic region in the U.S. Participants were recruited through Linked In and snowball sampling within the researcher's mental health field of social science. Data collection was conducted and analyzed according to I.P.A. qualitative standards and ethical procedures with researcher and committee members in the researcher's Doctorate of Psychology at Walden University.

The results proved to be beneficial in understanding the phenomena that derived from anxiety and depression that occurred from the COVID-19 pandemic with relapse and opiate abuse within the male population 18-65 years of age. These experiences implicate further research that can be improved with resources to help the population with infrastructure in programs providing sober support, medical, housing, and mental health treatment. These programs require collaboration between professionals and volunteers in programs that can help improve the lives of those in need before, during, and after a crisis and advocate self-care for all who work in the field. It has been within my scope of practice that I provide my expertise to the substance use population with mental health treatment to those who need counseling for co-occurring disorders. This research has helped provide self-awareness in substance use and abuse, allowing me to expand my knowledge further to apply this research to my Ph.D. teachings and training in the mental health field.

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Appendix A: Inclusion Criteria Questions

1. Have you treated and/or had experience treating male clients 18-65 years of age during the Covid-19 pandemic?
2. Have your clients been dependent on opioid abuse during the pandemic?
3. Have your clients experienced relapse at any time during the pandemic?
4. Have your clients' been diagnosed with anxiety during the pandemic?
5. Have your clients been diagnosed with depression during the pandemic? Please, continue with a fictitious first name _____.

Appendix B: Semistructured Interview

1. Tell me about your clients' experience with opioid abuse during the Pandemic:
   A. Describe what influencing stressors contribute to substance abuse? (Environment, jobs, relationships, etc.)
   B. How has your client been able to maintain sobriety during the pandemic?
      1. Can you describe your clients' experience with recovery during the pandemic?
      2. Discuss your clients' readiness to change in the process of their recovery?
   C. What have been barriers to receiving treatment to prevent opioid abuse and relapse?
2. In any 12-month period of recovery during the pandemic, tell me about your clients' relapse experience.
   B. What were the contributing factors that prevented your client from using if they are currently abstaining from substance abuse?
   C. What has your clients' support system been and how have they contributed to their sobriety?
3. During the Covid-19 pandemic, describe your clients' experience with anxiety?
   A. How has your clients' anxiety contributed to opioid abuse and relapse during the pandemic?
4. During the Covid-19 pandemic, describe your clients' experience with depression?
   A. How has your clients' depression contributed to opioid abuse and relapse during the pandemic?

Appendix C: Invitation

Interviewing Counselors About Male, Opioid-Dependent Clients who Relapsed and Were Diagnosed with Anxiety/Depression during the COVID-19 Pandemic (20.00 gift card)

This is a new study about counselor perspectives on the experiences of male, opioid-dependent clients who relapsed during the COVID-19 pandemic. The study focuses on heightened anxiety and depression that can occur with opioid abuse and relapse. This research can help health care providers better understand and help their patients. This study could also potentially reduce risks that are involved with substance abuse and relapse.

About the study:

· 40-60 min. recorded confidential interview between Researcher and participant through encrypted link through Zoom

· To protect your privacy, the published study will not share any names or details that identify you or clients.

· You will receive a $20 gift card as a thank you

Interviewees must have experience with clients that are:

- Males
- Opioid-dependent and relapsed during the COVID-19 pandemic
- Diagnosed with anxiety/depression during the COVID-19 pandemic

This interview is part of a doctoral study for the researcher. You are welcome to forward this to others who might be of interest. Thank you.