Motivational Interview: Marijuana Dependence

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Legalizing medical and recreational marijuana for its therapeutic benefits has conveyed a degree of community acceptance; however, the harmful consequences of marijuana are seldom mentioned. According to the CDC (2020), 38% of high school students report having used marijuana at least once in their life. Although state policies involving the legalization of marijuana are changing, this does not negate the facts that marijuana impairs short-term memory and judgment, distorts perception, impairs school/work performance, affects the maturing brain, and has long-lasting cognitive developmental effects (National Institute on Drug Abuse, 2020). Due to marijuana’s addictive properties and likelihood of leading to the use of other illicit drugs, health care providers need to be diligent when assessing at risk patients and proficient in motivating behavioral change.

Marijuana is the most commonly used illegal substance among adolescents and young adults in the U.S (National Institute on Drug Abuse, 2020). It is not uncommon for users to believe that marijuana has no addictive properties with little to no withdrawal effects. According to research, individuals who reported moderate to heavy use of marijuana experienced nervousness, sleep disturbance, and appetite changes when discontinuing use. Furthermore, these individuals reported having cravings and suffering negative consequences to their mental health (Centers for Disease Control and Prevention, 2020). Eventually, users report self-isolation, loss of interest in activities, and difficulty learning new tasks. Certain regions of the brain become more vulnerable resulting in impaired cognitive functioning, decreased IQ scores, and psychiatric disorders (Marijuana Anonymous, 2021).

Because marijuana addiction isn’t outwardly obvious like the use of alcohol or stimulants, dependence can go unnoticed. Those addicted to drinking alcohol may get a ‘wake-up call’ after being arrest for a DUI; marijuana use isn’t typically associated with major medical problems, legal problems, or sudden tragedies. For this reason, some marijuana abusers go down a long, slow decline before the problem is ever addressed and may wake up one day thinking, “How did I get here? (Marijuana Anonymous, 2021)” With the use of motivational interviewing, health care providers can identify at-risk individuals, address the problem early, and influence behavioral modifications.

**Motivational Interview Enhancement for Change**

Stigma around mental health counseling has prevented individuals with substance use disorders from receiving the care they need. Motivational interviewing is a unique, nonjudgmental interviewing style that evokes the potential and motivation for change already present within everyone. By applying motivational interviewing concepts when caring for patients with marijuana dependence in a primary care setting, providers can offer patient-centered counseling grounded in humanistic psychology (Martino et al., 2012). Asking open-ended questions during the interview process provides patients with a sense of independence as he or she can play an active role in care. Instead of evoking the right reflex by stating all the reason to stop using marijuana, a skilled provider in motivational interviewing will engage in reflective listening allowing the client to explore his or her own reasons for quitting; the provider will then reinforce those expressed feelings (SAMHSA/CSAT/KAP, 2018). Not all patients are ready for change and live in a state of ambivalence; employing strategies specific to the client’s readiness level will likely yield better results (SAMHSA/CSAT/KAP, 2018). For example, a patient may not be ready for complete abstinence but willing to cutback. Recognizing the patient readiness, committing to change, and then initiating a change plan are key component to the motivational discussion.

Considering the negative consequence of marijuana consumption, successfully motivating patients to change their behavior is critical. Acknowledging a problem exists is not always easy; affirming patients who seek help through supportive statements is an important element of MI. Bonsack et al. (2007) provide ample evidence through their research on the benefits of establishing a trusting relationship while using MI. For example, providers experience less reluctance from their clients to change while using strategic MI. These authors believe MI proves its usefulness in decreasing the risks for marijuana use (Bonsack et al., 2007). In different study by D’Minco et al. (2018), a RCT was conducted over 2 ½ years on adolescents between 12-18 by implementing a 15-minute motivational interview on the effects of alcohol and marijuana. At 3-, 6-, and 12-month follow-ups, teens reported a decrease in peer use of both substances, perception of peer use changed, and a reduction in harm/consequences of use was noted. In conclusion, adolescents can greatly benefit from a short 15-minut motivational interview as this study demonstrates positive long-term effects on drug use (D'Amico et al., 2018).

**Transtheoretical Behavior & Self-Reflection**

I interviewed a 24-year-old female who currently works for her father on a farm. She suffers from anxiety and has difficulty sleeping. She came to the clinic for evaluation of her sleep pattern and during this interview we discussed her use of marijuana. After reviewing the recorded interview, I recognize that I have a lot of room for improvement but acknowledged my self-growth in implementing specific MI techniques.

The patient appeared to be in the contemplation stage at the beginning of the interview because she was aware a problem existed but wasn’t entirely ready to make a change. When she confided in me her use of marijuana, I continued along with the interview when it would have been better to recognize the problem and potentially elicit a self-motivational statement. During the conversation, I identified discrepancy in why she was seeking care when marijuana seemed to be helping her sleep; her response to me questioning this discrepancy then helped me find a focus for the rest of the interview. Still, I lacked basic technique, for example, instead of guiding my patient into recognizing on her own that the use of alcohol and marijuana are affecting her sleep, I very poorly stated, “Alcohol and marijuana is affecting your ability to sleep. Would you agree with that?” With this statement, I closed the door to open conversation and could have evoked the right reflex.

Throughout the interview I used MI to prepare the patient by helping her recognize advantages of changing and finding methods to help her reduce/stop her marijuana use. When I asked the patient her thoughts on the use of marijuana, I helped her recognize her own reasons for changing. I summarized what the patient had been telling me and then asked the patient what her goals for the visit were; this helped me focus further on how I could elicit a behavioral change. I did meet resistance after offering alternatives to the use of marijuana but by responding with an open-ended question, I identified different behavioral modifications the patient was willing to try. At the end of the interview, the patient decided to make a behavioral change and implement the healthier ‘sleep hygiene’ alternatives we discussed. She transitioned to the action phase by committing to a change plan.

Overall, I enjoyed this experience and recognize the many benefits in becoming a proficient motivational interviewer. I believe all students will greatly benefit from practicing this and should continue to use these techniques during all patient encounters. In real-life, I likely would not have guided my patient into changing her behavior but hope with practice I have better patient outcomes!

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