

## Instructions for Creating the Personal Feedback Report (continued)

### Table C. Marijuana Consequences

Marijuana Problem Score	Rounded Percentile Ranking	Marijuana Problem Score	Rounded Percentile Ranking
0	0	10	57
1	1	11	68
2	3	12	77
3	5	13	85
4	8	14	91
5	11	15	95
6	16	16	98
7	23	17	99
8	32	18	100
9	44	19	100

Sources: Stephens et al. 2000; Vendetti et al. 2002.

### Table D. Confidence in Avoiding Use

Self-Efficacy Score	Rounded Percentile Ranking	Self-Efficacy Score	Rounded Percentile Ranking
1.00-1.25	2	2.74-2.79	21
1.28-1.35	3	2.80-2.80	22
1.37-1.50	4	2.83-2.84	23
1.53-1.58	5	2.85-2.89	24
1.60-1.70	6	2.89-2.94	25
1.75-1.85	7	2.95-2.95	26
1.90-2.00	8	3.00-3.00	27
2.05-2.05	9	3.05-3.05	28
2.10-2.15	10	3.06-3.11	29
2.20-2.22	11	3.15-3.16	30
2.25-2.32	12	3.17-3.20	31
2.33-2.37	13	3.21-3.21	32
2.39-2.40	14	3.22-3.25	33
2.41-2.44	15	3.26-3.28	34
2.45-2.47	16	3.30-3.33	35
2.50-2.58	17	3.35-3.35	36
2.60-2.60	18	3.37-3.39	37
2.61-2.65	19	3.40-3.40	38
2.67-2.72	20	3.42-3.45	39

## Instructions for Creating the Personal Feedback Report (continued)

**Table D. Confidence in Avoiding Use (continued)**

<b>Self-Efficacy Score</b>	<b>Rounded Percentile Ranking</b>	<b>Self-Efficacy Score</b>	<b>Rounded Percentile Ranking</b>
3.47-3.47	40	4.47-4.55	72
3.50-3.50	41	4.56-4.58	73
3.53-3.53	42	4.60-4.65	74
3.55-3.56	43	4.67-4.74	75
3.58-3.58	44	4.75-4.78	76
3.60-3.60	45	4.79-4.80	77
3.61-3.63	46	4.83-4.85	78
3.65-3.68	47	4.89-4.90	79
3.70-3.70	48	4.94-4.95	80
3.72-3.76	49	5.00-5.00	81
3.78-3.79	50	5.05-5.06	82
3.80-3.80	51	5.11-5.16	83
3.83-3.84	52	5.17-5.21	84
3.85-3.89	54	5.22-5.28	85
3.90-3.90	55	5.30-5.33	86
3.94-3.95	56	5.37-5.42	87
4.00-4.05	58	5.44-5.47	88
4.05-4.05	59	5.50-5.56	89
4.06-4.06	60	5.58-5.63	90
4.10-4.11	61	5.65-5.70	91
4.12-4.16	62	5.72-5.78	92
4.17-4.20	63	5.79-5.84	93
4.21-4.22	64	5.89-6.05	94
4.25-4.26	65	6.06-6.16	95
4.28-4.28	66	6.17-6.30	96
4.30-4.32	67	6.33-6.55	97
4.33-4.35	68	6.56-6.75	98
4.39-4.40	69	6.83-6.95	99
4.42-4.42	70	7.00-7.00	100
4.44-4.45	71		

Sources: Stephens et al. 1994b, 2000; Vendetti et al. 2002.

## Personal Feedback Report

This report summarizes information about your marijuana use. The information may be useful in developing strategies to resist marijuana.

### Part I. Your Marijuana Consumption

**You reported that you have been smoking regularly for \_\_\_\_ years.**

**In the past month, you smoked marijuana on \_\_\_\_ days.**

**You said you smoked \_\_\_\_ joints/pipes/blunts per day during that same period.**

**Relative to other Americans, this places you in the \_\_\_\_th percentile. This means that \_\_\_\_ percent of other Americans smoke less than you do.**

**Relative to adults who have sought counseling for their marijuana use, you fall in the \_\_\_\_th percentile. This means that you smoke more marijuana than \_\_\_\_ percent of individuals seeking marijuana treatment.**

### Part II. Your Problems Related to Marijuana

**You indicated that your marijuana use causes a number of problems for you, including:**

- |  |                                 |
|--|---------------------------------|
| ____ Problems between you and your partner | ____ Memory loss                |
| ____ Problems in your family               | ____ Difficulty sleeping        |
| ____ To neglect your family                | ____ Financial difficulties     |
| ____ Problems between you and your friends | ____ Legal problems             |
| ____ To miss days at work or miss classes  | ____ To have lower energy level |
| ____ To lose a job                         | ____ To feel bad about your use |
| ____ To have lower productivity            | ____ Lowered self-esteem        |
| ____ Medical problems                      | ____ To procrastinate           |
| ____ Withdrawal symptoms                   | ____ To lack self-confidence    |
| ____ Blackouts or flashbacks               |                                 |

**Personal Feedback Report (continued)**

You identified \_\_\_\_ problems caused by your marijuana use.

This places you in the \_\_\_\_th percentile relative to other adults seeking marijuana treatment. This means that you experience more problems than \_\_\_\_ percent of people seeking treatment for their marijuana use.

**You also indicated that**

\_\_\_\_ You often have found that when you start using marijuana, you end up smoking much more of it than you were planning to. (SCID-IV, question 1)

\_\_\_\_ You frequently thought about or tried unsuccessfully to cut down or control your use of marijuana. (SCID-IV, question 2)

\_\_\_\_ You spent a great deal of time trying to get marijuana, smoking it, or recovering from its effects. (SCID-IV, question 3)

\_\_\_\_ You sometimes gave up or did not participate in important occupational, social, or recreational activities because you were using marijuana. (SCID-IV, question 4)

\_\_\_\_ You continued using marijuana despite knowing that it was contributing to social, psychological, or physical problems in your life. (SCID-IV, question 5)

\_\_\_\_ You needed to smoke more marijuana than you had smoked in the past to get the same effect. (SCID-IV, question 6)

\_\_\_\_ You noticed that you were not getting as high as you used to when you smoked the same amount of marijuana. (SCID-IV, question 6)

\_\_\_\_ You experienced withdrawal symptoms when you tried to stop using marijuana (e.g., difficulty sleeping, irritability, excessive perspiration). (SCID-IV, question 7)

\_\_\_\_ You often used marijuana to relieve or avoid experiencing marijuana-related withdrawal symptoms. (SCID-IV, question 7)

\_\_\_\_ You were frequently high or recovering from being high when you were supposed to be attending to your obligations at work, school, or home. (SCID-IV, question 8)

\_\_\_\_ You were frequently high or recovering from being high when you were doing something dangerous like driving a car. (SCID-IV, question 9)

\_\_\_\_ You have gotten into trouble with the law because of your marijuana use. (SCID-IV, question 10)

## Personal Feedback Report (continued)

\_\_\_\_\_ You have experienced problems with family members, friends, or people at work  
\_\_\_\_\_ because of your marijuana use. (SCID-IV, question 11)

**As you reflect on the consequences of smoking marijuana and how they affect your life, what else might you add?**

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### Part III. Your Reasons for Quitting Marijuana

**You listed the following personal reasons for quitting marijuana and said that they applied to you moderately, quite a bit, or very much at this time.**

- \_\_\_\_\_ To show myself that I can quit if I want to
- \_\_\_\_\_ Because I will like myself better if I quit
- \_\_\_\_\_ Because I won't have to leave social functions or other people's houses to smoke
- \_\_\_\_\_ So I can feel in control of my life
- \_\_\_\_\_ Because my family and friends will stop nagging me if I quit
- \_\_\_\_\_ To get praise from people I'm close to
- \_\_\_\_\_ Because smoking marijuana does not fit in with my self-image
- \_\_\_\_\_ Because smoking marijuana is becoming less socially acceptable
- \_\_\_\_\_ Because someone has told me to quit or else
- \_\_\_\_\_ Because I will receive a special gift if I quit
- \_\_\_\_\_ Because of potential health problems
- \_\_\_\_\_ Because people I am close to will be upset if I don't quit
- \_\_\_\_\_ So that I can get more things done
- \_\_\_\_\_ Because I have noticed that smoking marijuana is hurting my health
- \_\_\_\_\_ Because I want to save the money I spend on marijuana
- \_\_\_\_\_ To prove that I'm not addicted to marijuana

## Personal Feedback Report (continued)

- \_\_\_\_\_ Because there is a drug-testing policy at work
- \_\_\_\_\_ Because I know others with health problems caused by smoking marijuana
- \_\_\_\_\_ Because I am concerned that smoking marijuana will shorten my life
- \_\_\_\_\_ Because of legal problems related to marijuana
- \_\_\_\_\_ Because I don't want to be a bad example for children
- \_\_\_\_\_ Because I want to have more energy
- \_\_\_\_\_ So my hair and clothes won't smell like marijuana
- \_\_\_\_\_ So I won't burn holes in clothes or furniture
- \_\_\_\_\_ Because my memory will improve
- \_\_\_\_\_ So that I will be able to think more clearly

**You listed these reasons because they have personal significance for you. Do you have any other important reasons for quitting that you would like to add?**

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**Your number of personal reasons for quitting marijuana is \_\_\_\_.**

### Part IV. Difficult Situations for Maintaining Abstinence

**You predicted your most difficult situations for maintaining abstinence from marijuana. These high-risk situations include**

- \_\_\_\_\_ Doing monotonous work
- \_\_\_\_\_ Wanting to feel more confident
- \_\_\_\_\_ Vacationing
- \_\_\_\_\_ Seeing someone else smoking marijuana and enjoying it
- \_\_\_\_\_ Feeling depressed or worried

## Personal Feedback Report (continued)

- \_\_\_\_\_ Drinking alcohol
- \_\_\_\_\_ Feeling like celebrating good news or an accomplishment
- \_\_\_\_\_ Feeling frustrated
- \_\_\_\_\_ Wanting to feel better about myself
- \_\_\_\_\_ Feeling angry about something or someone
- \_\_\_\_\_ Enjoying a pleasant social situation
- \_\_\_\_\_ Having some time to myself, free of responsibilities
- \_\_\_\_\_ Using other drugs recreationally
- \_\_\_\_\_ Being at a party with people who are smoking marijuana
- \_\_\_\_\_ Feeling embarrassed
- \_\_\_\_\_ Being with a spouse or close friend who is smoking marijuana
- \_\_\_\_\_ Being in an uncomfortable social situation
- \_\_\_\_\_ Being offered marijuana by someone
- \_\_\_\_\_ Being bored, with nothing to do
- \_\_\_\_\_ Feeling stressed out and needing to calm down

**As you think about highly tempting situations, are there situations that you'd like to add?**

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**Your responses indicate how confident you are that you could avoid smoking marijuana in these situations and resulted in an SE Score of \_\_\_\_.**

**This places you in the \_\_\_\_th percentile compared with other adults who have sought counseling to help them stop smoking marijuana.**

**This means that you are more confident that you could resist the temptation to smoke marijuana than \_\_\_\_ percent of treatment-seeking individuals.**





## SECTION V.

### ENHANCING MOTIVATION: SESSIONS 1 AND 2

This section presents the content of sessions 1 and 2. It also presents information on motivational interviewing and the stages-of-change concept. The counselor uses this concept throughout the remaining sessions to measure the client's readiness for change and to adjust the sessions to accommodate the client's stage. The section provides examples of motivational interviewing strategies, highlighting how to use these techniques in treatment sessions. Finally, it presents sessions 1 and 2; these sessions are based primarily on principles of motivational enhancement and secondarily on cognitive behavioral skills.

After completing the initial assessment session, the counselor introduces the client to more targeted motivational strategies. Session 1 focuses on

- Reviewing the completed *Personal Feedback Report* (PFR)
- Exploring the client's experiences with marijuana
- Eliciting, acknowledging, and reinforcing the client's expressions of motivation to change
- Building the alliance between the client and counselor
- Integrating the client's feedback about marijuana use and associated problems
- Setting goals
- Planning treatment.

The protocol for session 2 guides the counselor in

- Reinforcing successful efforts the client has made at initiating change
- Discussing how and when assistance may be offered by the friend or relative invited to the session by the client
- Refining goals
- Reviewing change strategies
- Assessing the client's social support for initiating changes.

### Key Concepts: Motivational Interviewing Skills

#### *Identifying the Individual's Stage of Change*

The stages-of-change model (Prochaska and DiClemente 1982) describes a sequence of stages through which individuals progress as they think about and change their behaviors. It gives the counselor insight into the client's thinking so that the counselor can select strategies specific to the client's stage. This model was adapted for the Marijuana Treatment Project and assumes

- Progress in overcoming marijuana dependence (e.g., getting ready for the first day of abstinence, getting through the first 3 months) depends on the client's readiness for change.
- Client readiness may shift and evolve and may be influenced by the therapist.

The model comprises five stages: precontemplation, contemplation, preparation, action, and maintenance (exhibit V-1). Individuals move back and forth between the stages and progress through the stages at different rates. For example, in the assessment session the client may be committed to maintaining abstinence, but in session 2 he or she may be ambivalent. The Center for Substance Abuse Treatment's Treatment Improvement Protocol (TIP) 35, *Enhancing Motivation for Change in Substance Abuse Treatment* (CSAT 1999b), as well as the *KAP Keys* (CSAT 2001c) and the *Quick Guide* (CSAT 2001d) that accompany TIP 35, provides detailed information about this model.

<b>Exhibit V-1. Characteristics of the Stages-of-Change Model</b>	
<b>Stages</b>	<b>Characteristics</b>
<b>Precontemplation</b>	<ul style="list-style-type: none"> <li>• Is not considering change</li> <li>• May be unwilling to change behaviors</li> <li>• Is unaware of adverse consequences from marijuana use, although others may believe problems exist</li> </ul>
<b>Contemplation</b>	<ul style="list-style-type: none"> <li>• Becomes aware that problems exist</li> <li>• Recognizes causes for concern and reasons to change</li> <li>• Typically is ambivalent and continues to use marijuana</li> <li>• May seek information and reevaluate marijuana use behavior</li> <li>• Weighs the pros and cons of making a change</li> <li>• Could remain in this stage for years</li> </ul>
<b>Preparation</b>	<ul style="list-style-type: none"> <li>• Commits to changing</li> <li>• Recognizes that advantages of changing outweigh benefits of not changing</li> <li>• Thinks about capabilities of success (i.e., self-efficacy)</li> <li>• Continues using marijuana but intends to stop or cut back soon</li> <li>• May have attempted to reduce or stop use</li> <li>• Sets goals and may tell others about them</li> </ul>
<b>Action</b>	<ul style="list-style-type: none"> <li>• Chooses and begins to pursue a goal</li> <li>• Modifies habits</li> <li>• Can last months following termination of marijuana use</li> </ul>
<b>Maintenance</b>	<ul style="list-style-type: none"> <li>• Makes efforts to sustain gains achieved during the action phase</li> <li>• Works to prevent recurrence of use</li> <li>• Learns how to detect and guard against risky situations</li> <li>• Requires prolonged behavior change and continued vigilance for 6 months to several years</li> </ul>

## Using Motivational Interviewing Strategies

Sessions 1 and 2 rely heavily on the motivational interviewing strategies described in Miller and Rollnick (2002). Motivational interviewing is a technique used in motivational enhancement therapy (MET). The counselor assesses the client's motivation by using motivational interviewing strategies, which include asking open-ended questions, listening reflectively, affirming the client, summarizing the client's views of change, eliciting self-motivational statements, recognizing and addressing resistance, recognizing readiness for change, and identifying discrepancies (see CSAT 1999b). Once the client's stage is identified, the counselor uses these strategies to support continued progress through the stages.

### Close- Vs. Open-Ended Questions

Close-ended questions are an efficient way of obtaining information quickly; however, they allow the client to be passive, answering each question and quietly waiting for the next. The interviewer is in control, and the interviewee responds to each cue. Open-ended questions encourage the client to express himself or herself and to adopt an active role in his or her treatment. Exhibit V-2 presents examples of both types of questions.

Exhibit V-2. Examples of Close- and Open-Ended Questions	
Close-Ended Questions	Open-Ended Questions
<ul style="list-style-type: none"> <li>• How old were you when you first smoked marijuana?</li> <li>• Was it offered to you by a family member?</li> <li>• How old were you when you began using it daily?</li> <li>• Have you ever had a bad experience with marijuana?</li> <li>• When did you first think you had a marijuana problem?</li> </ul>	<ul style="list-style-type: none"> <li>• Tell me about your early experiences with marijuana.</li> <li>• How did your marijuana use change over time?</li> <li>• Please describe some of your recent experiences with marijuana.</li> <li>• What was it that made you think you had a problem with marijuana?</li> </ul>

### Listening Reflectively

A reflection can take the form of simply repeating the client's words or paraphrasing his or her comments. Sometimes the reflection adds to what the client has said as a way of testing a counselor's hunch. The skilled listener using reflective listening skills can help the client explore his or her thoughts and feelings:

**Miguel (M):** *I've tried to quit before but have never made it for longer than a month.*

**Counselor (C):** *Keeping it going has been hard.*

**M:** *Yeah. I can't help feeling pessimistic about what will happen if I try it again.*

or

- M:** *My wife is pressuring me to quit. I've got to want to do it for me if this is going to work.*
- C:** *Pressure from your wife is distracting you from tuning in to your needs about quitting.*
- M:** *It's almost as if I resist because I want to feel that she doesn't control my life.*

or

- M:** *My buddies say they'll support me if I decide to quit, but knowing that they're getting high will make me feel left out.*
- C:** *You'd like to figure out a way to stay connected to these friends and stop smoking.*
- M:** *I guess I've been thinking that's not possible.*

A double-sided reflection captures two opposing sides to an individual's ambivalence:

- Linda (L):** *I know I'm getting high too much, but it's summer and I want to have fun before school starts.*
- C:** *On the one hand, you don't want to miss having fun during the summer, but on the other hand, you're thinking that you use too often.*

#### *Affirmation of the Client*

Admitting drug dependence, seeking help by enrolling in a program, summoning the courage to change, and undertaking other aspects of overcoming a dependence are tremendously difficult. The counselor can be supportive by frequently offering genuine compliments and expressions of awareness:

- C:** *You've been thinking about quitting for a long time, and now you're taking the first steps. I'm guessing you feel good about that.*
- C:** *Telling your father that you needed counseling for a marijuana problem must have been difficult.*
- C:** *Deciding to give up the extra income that came from selling pot wasn't a minor decision. It requires a real commitment to leave that behind.*

#### *Summarizing the Client's Views of Change*

As the client reveals facets of his or her thinking about change, the counselor can be supportive by summarizing key issues. Hearing the counselor consolidate the client's statements helps the client become aware and ready to resolve his or her mixed motivations:

- C:** *If I understand you correctly, you're aware of reasons for changing but you're thinking of other reasons not to quit. On the side of quitting are being a good role model for your children and overcoming a tendency to procrastinate. On the side of not quitting are your fears that you'll lose friends and won't make it for long. Have I got it right? What are your thoughts about this?*

### *Eliciting Self-Motivational Statements*

Whereas some clients begin counseling with a strong commitment to stop marijuana use, others have considerable ambivalence that may increase over time. Motivational enhancement sessions help the ambivalent client strengthen his or her determination to quit. It is hoped that these counseling sessions lead the client to recognizing his or her problem (*I guess I really have to face that I'm out of control with marijuana*), becoming concerned about it (*I'm worried about whether I can overcome this*), expressing an intention to change (*Now's the time for me to leave this behind*), and feeling positive about the prospects of succeeding (*I can picture a time when I'll be clean, and—for once in my life—that seems possible*). The counselor elicits expressions of motivation from the client with open-ended questions:

- **Recognizing the problem**

**C:** *How has your marijuana use gotten in the way of things that are important?*

**C:** *What convinces you that marijuana has become a problem?*

- **Expressing concern**

**C:** *What aspects of your marijuana use have made you, or people close to you, worry?*

**C:** *What do you imagine could happen if you continued to smoke marijuana the way you have been doing?*

- **Encouraging intentions to change**

**C:** *When you joined our program, you probably had some hope that things would get better. What would improve in your life if your hopes were met?*

**C:** *Why should you stop smoking marijuana? Why do you think it's time to change?*

- **Expressing optimism**

**C:** *What leads you to think that you could succeed in quitting if you decided to do that?*

**C:** *Is there a part of you that feels encouraged about changing?*

With these questions, the counselor helps the client take ownership of the problem and elicit expressions of readiness to change.

### *Recognizing and Addressing Resistance*

A conventional way of interpreting actions of a client who argues with the counselor, frequently interrupts, or denies that a behavior is a problem is that the individual is not motivated to change. An alternative view is that the counselor does not understand the client's thoughts and feelings. When the counselor considers these behaviors a signal that he or she needs to understand the client's experience better, a confrontation between counselor and client is less likely to occur. The counselor shows that he or she is listening and is not being judgmental. The counselor's reflections can prompt the client to explore his or her thoughts and feelings:

**M:** *I don't understand why you folks want everyone to quit smoking dope. Maybe I'd be better off if I just cut back.*

**C:** *I hear you saying that it's important to you to change your marijuana use, but you're not sure whether stopping completely is best for you right now. I can see that you're eager to find the best goals.*

In this example, the counselor might have offered a defense of the program's abstinence objectives, listed reasons why the client ought to change, and so forth. Those responses probably would have led the client to become even more resistant. The strategy illustrated above is termed "rolling with resistance," an approach that conveys the counselor's acceptance of the client's point of view and invites the client to be open to a slight variation. In the following examples of this approach, the counselor accepts the client's comments, conveys empathy for the client's feelings, and reframes what has been said:

**M:** *Most of the people I know get high. Why is everyone on my back?*

**C:** *It's hard to figure out why you're getting all this pressure. Kind of makes you wonder how you could be the only one who is having problems with pot.*

or

**M:** *I know I'll have more energy if I quit, but I need it to relax.*

**C:** *On the one hand, you'd benefit from more energy. On the other hand, you'd need to find other ways to relax.*

or

**M:** *I can't see living for the rest of my life without getting high.*

**C:** *Slow down. It's too early to be talking about forever. Let's talk about what you're working on right now.*

or

**M:** *I think a lot about quitting, but I've never really tried it.*

**C:** *You've invested a lot of time and energy in this already.*

### *Recognizing Readiness for Change*

Expressions of motivation take a variety of forms. The counselor needs to listen carefully and acknowledge those expressions:

**M:** *I hate having so many people angry at me. Why don't they get off my back?*

**C:** *It's important to find a way to stop people from being angry with you.*

or

**M:** *One thing that I see happening over and over is my promising that I'll limit how often I get high, and then I go right ahead and break every one of these promises.*

**C:** *You'd really like to stop disappointing yourself.*

or

- M:** *I've got three beautiful children, and I don't want my pot smoking to interfere with my being a good father.*
- C:** *An important priority in your life is your role as a father.*

### *Identifying Discrepancy*

Clients who are drug dependent have probably seen their reliance on drugs interfere with important aspects of their lives. The counselor helps the client focus on the costs of continued drug use by pointing them out to the client and seeking the client's perspectives:

- C:** *I've heard you talk about how important it is that your children grow up in a safe and happy home. That's a goal. But you've also talked about not wanting anyone, including your wife, to dictate what you do, and this is causing tension in your home. Relieving this tension is another goal. I wonder what your thoughts are about these two goals.*
- C:** *You've told me that when you smoke a joint on your lunch break, you have a hard time concentrating at work for the rest of the day. You've also said that doing your job well is important so that you can get promoted. I'm a little confused.*

### **The Context for Motivational Interviewing and Skills Training**

As the client expresses increasing interest in addressing his or her problems modifying use, the counselor carefully supports these efforts to change without *prescribing* the change. When the client expresses a commitment to change, the counselor asks the client about the steps he or she will take to make the change. The counselor provides a menu of self-change and assisted-change options depending on the client's inclinations and experience in making changes.

It is important for the counselor to show genuine interest in the client's perspectives on and skills for making change. For example, if the client has quit smoking tobacco, lost a lot of weight, or left a destructive relationship, the counselor explores these experiences to reinforce and highlight the client's capacity and desire for self-development. Self-change advice may be in the form of a brief written handout concerning behavioral changes. Sessions 1 and 2 provide several take-home handouts that reinforce motivational advice given by the counselor during the sessions. These handouts are available at the end of this section.

### **Tips for the Counselor**

- Review relevant sections of the manual before each session.
- Develop a natural style of conveying the material; avoid reading text to clients.
- Maintain a motivational style; use open-ended questions and reflections; and avoid a directive, resistance-building style.
- Encourage involvement and participation by the client.
- Attend to shifts in the client's motivation and readiness for change.
- Explain practice exercises carefully; probe for the client's understanding.

## Overview of Session 1: Reviewing the PFR

**Total Time:** 1 hour, 30 minutes

**Delivery Method:** MET-focused individual therapy

**Materials (all forms except the PFR are at the end of this section):**

- Two copies of client's completed PFR (form AS8 from the assessment session)
- *Learning New Coping Strategies* (form 1A)
- *A Guide to Quitting Marijuana* (form 1B)
- A blank copy of the *Quit Agreement* (form 1C)

**Goals for This Session:**

- To present the data gathered during the assessment session concerning marijuana use, its consequences, and the likely benefits and costs of stopping or reducing use
- To facilitate the client's candid reflection on consequences of marijuana use
- To explore the client's attitudes about change, including ambivalent attitudes
- To acknowledge the client's expressions of readiness for change, help set goals, and identify change strategies

**Session Outline:**

1. Assess the client's readiness to proceed
  - Ask client for his or her feelings and thoughts about the assessment session
  - Ask whether any changes have occurred since the last meeting
  - Reinforce expressions of motivation
2. Review the PFR
  - Age of onset
  - Comparison of use patterns to the national average
  - Problems caused by use
  - Tolerance level
  - Reasons for quitting
  - Risk factors
3. Summarize the PFR review
4. Elicit and reinforce client's readiness to change
5. Assist the client in preparing for change
  - Ask him or her to select a stop date (if the client has not already stopped using)
  - Discuss
    - Whether the client will stop "cold turkey"
    - What the client will do with current marijuana supply and paraphernalia
    - How the client will disclose plans to family and friends



- How the client will address problems in maintaining abstinence
- 6.** Help the client identify specific behavior change strategies
  - Discuss *Learning New Coping Strategies* (form 1A) and *A Guide to Quitting Marijuana* (form 1B)
  - Discuss barriers to quitting and vulnerabilities to slipping
    - Managing general stress (HALT)
    - People, situations, and thoughts that increase vulnerability
    - Significant life changes likely to produce stress
    - Supportive people who will provide help
  - Review previous successful experiences at quitting to identify useful strategies
- 7.** Assign between-session exercises
  - Prepare *Quit Agreement* (form 1C)
  - Review *Learning New Coping Strategies* (form 1A)
  - Review *A Guide to Quitting Marijuana* (form 1B)
- 8.** Ask client to invite a supporter to next session
- 9.** Review and conclude session

## Session 1 Protocol

The counselor welcomes the client and provides an overview of the session. In this session, the counselor uses MET techniques while reviewing the client's PFR and helping the client prepare for change.

### ***Assess the Client's Readiness To Proceed***

The counselor asks the client to express his or her thoughts and any major changes that have occurred since the assessment session. Some possible responses from the client might be

- Abstinence since entering treatment
- A reduction in the client's marijuana use
- Seeking additional treatment or attendance at a mutual-help program
- Conversations about his or her use or about this program with family or friends.

The counselor responds empathically, uses opportunities to support the client's self-efficacy for change, and reinforces expressions of motivation.

**Counselor (C):** *Thank you for being on time. How are things going?*

**Shirley (S):** *After answering all those questions about my smoking, I am more aware of it than ever! Nothing has changed yet, but I am thinking about it. My husband has been very supportive.*

**C:** *And his support means a lot to you.*

- S:** *You bet! He is someone I can count on.*
- C:** *That's good to hear. Let's be sure to talk about specific requests you might make of him for support in the future.*

or

- C:** *You arrived a little late for your appointment. Is this a good time for you, or would a different time work better?*

**Doug (D):** *No; this is fine. There was a lot of traffic.*

- C:** *How are things?*
- D:** *Worse. My wife and my son are on my back; they are treating me as if I'm a leper.*
- C:** *That sounds like an uncomfortable situation for you.*
- D:** *Yeah; I feel like everyone is against me.*
- C:** *How has this affected your smoking?*
- D:** *At times I find myself smoking just to prove that it's not a problem for me!*
- C:** *It's more of a problem for them.*
- D:** *That's right. I don't think either one really understands me.*
- C:** *You'd like them to understand you; that might remove some reasons for getting high.*
- D:** *Yeah. At least I wouldn't be trying to get back at them.*

### **Review the PFR**

The PFR review takes approximately 30 minutes. The counselor explains that by reviewing the PFR (form AS8), the client will understand reasons for and against changing and what and when problems might arise.

The counselor leads the client through a systematic review of the PFR, giving the client an opportunity to explore each point. The counselor avoids simply verifying the information obtained during the assessment session. The counselor periodically seeks the client's thoughts and feelings during the review. The counselor listens reflectively to acknowledge expressions of readiness for change. Reviewing the PFR provides an ideal opportunity to use motivational interviewing techniques, for example, expressing empathy, identifying discrepancy, eliciting self-motivational statements, rolling with resistance, and supporting self-efficacy.

The client may respond to elements in the PFR review with arguments about the validity of the items (*I didn't say smoking pot was causing me money problems!*). In such cases, the counselor maintains a nondefensive tone, acknowledges that the client knows best which areas of his or her life have been affected by marijuana use, and moves on to the next item. The counselor may make changes to the PFR based on the client's feedback during this review.

In keeping with the MET approach, the counselor uses open-ended rather than close-ended questions. For example, *Did you say you used in unsafe situations?* is a close-ended question that invites a mere yes or no answer and possible disagreement with the PFR item. Saying instead *Tell me about using in unsafe situations* invites elaboration and discussion.

The counselor spends more time on the sections that are likely to produce the most constructive discussion. The sections on marijuana problems and reasons for quitting are especially conducive to motivational interviewing. After reviewing the PFR with the client, the counselor asks the client for reactions and responds to them with empathy. Before moving on to the next phase of this session, the counselor ensures that the following PFR items are discussed:

- **Age of onset (part I of the PFR).** The counselor tells the client that substance use disorders tend to be more severe when they begin at an early age. This means that the earlier the age of onset, the greater the risk of developing severe problems if the substance use continues. In the PFR, the age of onset of regular marijuana smoking is the age the client began smoking marijuana three or more times a week.
- **Comparisons of use patterns (part I of the PFR).** When preparing the PFR, the counselor uses tables A and B to compare the client's use with that of others who use marijuana. The percentiles indicate the percentage of people in the comparison group who scored at or below the client's score. These comparisons allow the client to compare his or her use with that of people who experienced significant problems related to marijuana use. The counselor can present the information in the following way:

**C:**     *You smoked marijuana on 24 of the past 30 days. That puts you in the top 98 percentile relative to all Americans. This means that 98 percent of American adults smoke less often than you do and about 2 percent smoke more often.*

**S:**     *Wow!*

**C:**     *That surprises you.*

**S:**     *It sounds like a lot. I never thought it was that much!*

**C:**     *What are you thinking, now that you know that?*

**S:**     *I don't like it. I knew I was getting high a lot, but I always thought that a lot of other people got loaded as much as I did. This isn't good news.*

**C:**     *You'd like this to be different.*

**S:**     *Yeah.*

- **Problems caused by marijuana use (part II of the PFR).** The counselor tells the client where he or she falls, relative to others seeking treatment, based on his or her responses to the *Marijuana Problem Scale* (form AS5) and the data in table C. The counselor reviews the criteria listed on the *Structured Clinical Interview for DSM-IV* (SCID-IV) (form AS4) that were coded as 2 or 3. The results provide an overview of the problems and symptoms that the client identified as resulting from his or her marijuana use.
- **Tolerance level (part II of the PFR).** Question 6 of the SCID-IV was used to measure the client's tolerance level. Tolerance is defined as the need for a markedly increased amount of marijuana (at least a 50-percent increase) to achieve the desired effect or a markedly diminished effect with continued use of the same amount of marijuana.
- **Reasons for quitting (part III of the PFR).** To reinforce the client's motivation, the counselor reviews the reasons the client gave on the *Reasons for Quitting Questionnaire* (form AS6) and asks the client whether he or she would like to add other reasons to the list.
- **Risk factors for relapse (part IV of the PFR).** The counselor points out the risky situations the client identified on the *Self-Efficacy Questionnaire* (form AS7) as the client's risk factors

for relapse. The counselor explains that risk factors are warning signs that require the client's attention and indicate a susceptibility to problems associated with marijuana use. A person who uses substances besides marijuana is at risk for additional reasons. Decreased use of one drug may result in increased use of another, a phenomenon called substance substitution. In addition, combining different drugs compounds their effects, sometimes with dangerous results. Tolerance for one substance can increase tolerance for another; people who take multiple substances simultaneously can develop cross-tolerance for several substances and be at risk for injury, arrest, or overdose if severely intoxicated.

### **Summarize the PFR Review**

The counselor summarizes the highlights from the PFR, including reactions and modifications offered by the client during this session:

- C:** *Let's review and summarize what we've talked about so far. How does that sound to you?*
- S:** *I'm ready!*
- C:** *Your PFR shows that your smoking has caused several problems including missing work, difficulty sleeping, and feeling bad about your use. Is there anything else you want to add?*
- S:** *No; those are the main problems.*
- C:** *You also mentioned reasons for quitting, including so your husband will quit nagging you, so you won't lose the privilege of teaching, and because you have health concerns.*
- S:** *Being a good teacher is really important.*
- C:** *Being a good teacher is important to you, and your smoking gets in the way. You can't properly prepare for class; the kids can find out; you can lose your job.*
- S:** *It's my biggest reason for wanting to stop.*
- C:** *When you talk about being a teacher, you get enthusiastic, but when you talk about your smoking, you get discouraged.*
- S:** *I never noticed that before, but you're right.*
- C:** *You also stated that high-risk situations for you would include being with others who smoke and seeing them enjoy it. Anything else?*
- S:** *Not really, but that is a major concern for me as I try to quit. So many people in my life use drugs.*
- C:** *You've already identified how difficult it may be, but you've also identified some very strong reasons for changing your smoking habits.*
- S:** *I know it'll be difficult, but I think it's worth it.*
- C:** *Despite the obstacles, you're ready to take on this challenge.*
- S:** *I really am.*

### **Elicit and Reinforce Client's Readiness To Change**

When the client expresses motivation to change, the counselor acknowledges these expressions, seeks elaboration, and offers reinforcement:

**C:** *You said that your smoking has caused problems including feeling that you have lower energy. Could you tell me about that?*

**Miguel (M):** *I find I mean to do things, but they never get done. It seems that I'm tired all the time. I can't help but think it's related to my smoking.*

**C:** *Related to your smoking?*

**M:** *I don't think it affected me when I was young. But now, well, I'm not getting any younger!*

**C:** *You think smoking is affecting you more as you get older. You feel less productive.*

**M:** *I think that's related to the lower energy. I don't finish my work at my job, and I'm not as creative. I feel that I'm drowning in backed-up work at home, at my job, everywhere.*

**C:** *And you think that if you quit smoking, you will increase your productivity.*

**M:** *Yeah.*

**C:** *That's important to you. You'd like to regain your creativity and productivity.*

**M:** *I really would like that.*

### **Assist Client in Preparing for Change**

The counselor assists the client in preparing to stop using marijuana by discussing several key issues. If the client has not stopped already, he or she needs to select a day to stop. The counselor helps the client consider several alternative stop dates.

Topics to consider include what the client will do with his or her marijuana supply and paraphernalia, how the client will disclose the plan to stop to family and friends (both supporters and those who might sabotage the client's efforts), and how the client will address possible problems in maintaining abstinence (e.g., sleep difficulties, boredom, anxiety, restlessness) in the first week.

### **Help Client Identify Specific Behavior Change Strategies**

The counselor discusses specific coping strategies to handle vulnerabilities to slipping. The counselor gives the client *Learning New Coping Strategies* (form 1A) and *A Guide to Quitting Marijuana* (form 1B). If time permits, the counselor reviews these forms with the client, highlighting sections that seem particularly relevant to the client. The counselor explains that many concepts touched on in the forms are discussed in detail in later sessions and the client should bring the forms to the next session (session 2).

Because managing one's stress level is important, particularly in the early weeks and months of treatment, the counselor advises the client about HALT:

- Don't let yourself become too **H**ungry.
- Don't let yourself become too **A**ngry.
- Don't let yourself become too **L**onely.
- Don't let yourself become too **T**ired.

The counselor asks the client to think about people, situations (e.g., certain times of day, days of the week, places, moods), and thoughts that can increase vulnerability to slipping. Some of these

were mentioned on the *Self-Efficacy Questionnaire* (form AS7). For example, a client may describe plans to spend time with a smoking buddy. A client may face significant life changes (e.g., job or relationship changes, illness in the family or of a close friend) likely to produce stress that could place the client at risk for slipping. The counselor and client identify and discuss coping strategies for each situation.

The counselor helps the client identify people from whom he or she can seek and get support. The counselor encourages the client to consider several options rather than only one or two and to think creatively. With the counselor, the client can practice making requests and can benefit from the counselor's modeling and feedback. Practicing interactions during treatment sessions can lessen the anxiety the client may have about asserting himself or herself with friends and family:

- M:** *I'll be going away for a few days, and I have concerns that no one will be watching me.*
- C:** *What concerns do you have?*
- M:** *I'll be at a meeting with several people who smoke. For years we've gone out and partied after the meetings. I don't know what I'll do.*
- C:** *You just identified a high-risk situation.*
- M:** *Yeah. What should I tell them? I thought about saying I had a cold, but that's lying.*
- C:** *You would prefer to tell them the truth. What are your concerns about that?*
- M:** *I guess I'm afraid they would think I'm judging them. I really like these people.*
- C:** *That is a difficult situation for you. Maybe if you and I rehearsed a couple of different ways to tell them, it would make it easier for you. Would you be willing to try that?*
- M:** *Sure, what should we do?*
- C:** *Why don't I play the role of one of your colleagues on this trip, and you try different ways you might handle it. Ready?*

### **Assign Between-Session Exercises**

The counselor gives the client the *Quit Agreement* (form 1C) and asks the client to bring the completed form to the next session. The counselor explains that the agreement summarizes

1. The client's date for quitting marijuana use
2. The client's reasons for seeking to change
3. Strategies that the client will use.

The counselor also asks the client to review *Learning New Coping Strategies* (form 1A) and *A Guide to Quitting Marijuana* (form 1B) several times before the next session.

### **Ask Client To Invite a Supporter to Next Session**

People who are trying to overcome an addiction can benefit greatly from the support of a close relative or friend. The counselor asks the client to invite someone to attend the next session and to think carefully about the pros and cons of particular people to invite. For example, a friend who is dependent on another drug or alcohol is not a good prospect. Factors to consider include

closeness to the client, emotional characteristics of the relationship, emotional availability of the supporter regarding the client's desire to quit marijuana use, substance use by the supporter, and accessibility during times of stress. The ideal person would be someone who is a good listener, cares about the client, and is interested in providing support. This person will be asked to sign the *Supporter Agreement* at session 2.

### ***Review and Conclude Session***

The counselor reviews the content of the session, asks the client for feedback, responds empathically to his or her comments, troubleshoots any difficulties, and reminds the client to review the handouts over the next week.

## Overview of Session 2: Change Plan, Treatment Plan, and Supporter Involvement

**Total Time:** 1 hour

**Delivery Method:** MET-focused individual therapy with case conference elements

**Materials (all forms except the PFR are at the end of this section):**

- Copy of client's PFR (form AS8)
- *Learning New Coping Strategies* (form 1A)
- Blank copy of the *Quit Agreement* (form 1C)
- *Supporter Strategies* (form 2A)
- Two blank copies of *Supporter Agreement* (form 2B)

**Goals for This Session:**

- To specify how a supporter can help the client achieve and maintain change
- To help the client develop a change plan with coping strategies for high-risk situations

**Session Outline:**

1. Assess client's progress and readiness to proceed
  - Ask client how he or she feels about continuing therapy
  - Address client comments and questions about session 1 handouts
  - Review the client's *Quit Agreement*
2. Welcome supporter
  - Stress importance of supporter's participation
  - Provide basic information about intervention
  - Answer questions
3. Examine client's recent experiences
  - Did client make an effort to stop? Cut down?
  - Did he or she experience any high-risk or tempting situations?
  - Did the client use any strategies from *Learning New Coping Strategies*?
  - Were the strategies successful?
4. Examine client's experience with supportive and nonsupportive relationships
5. Discuss ambivalence
6. Establish a change plan
  - Suggest interim goals if client is not ready for abstinence
  - Encourage client to set general and specific goals
7. Involve supporter and review *Supporter Strategies* and *Supporter Agreement*
  - Elicit supporter's concerns and hopes for the client
  - Give supporter *Supporter Strategies* (form 2A)



- Complete *Supporter Agreement* (form 2B)
- Review *Supporter Agreement*
- Help client and supporter decide which items they can agree to
- Review *Supporter Agreement* with client, even if no supporter attends, and role play asking for support
- 8. Assign between-session exercises
- 9. Review and conclude session

## Session 2 Protocol

The counselor welcomes the client and provides an overview of the session. In this session, the counselor helps the client develop a change plan and obtain support from an important person in the client's life.

### ***Assess Client's Progress and Readiness To Proceed***

The counselor asks the client how he or she feels about the two previous counseling sessions and responds empathically to his or her concerns. The counselor addresses any client comments or questions that have arisen since the previous session about the PFR (form AS8), *Learning New Coping Strategies* (form 1A), or the *Quit Agreement* (form 1C). The counselor reviews the *Quit Agreement* with the client and discusses adjustments (e.g., Is the client setting unrealistically high standards that may set him or her up for failure? Has the client identified salient reasons for wanting to make changes in marijuana use?). The counselor photocopies the agreement to maintain a record of client goals.

### ***Welcome Supporter***

If the client has brought a supporter, the counselor welcomes him or her and thanks the individual for his or her willingness to participate. The counselor provides general information about the intervention and asks whether the supporter has questions.

In the course of the session, the counselor

- Provides the supporter with information and answers his or her questions about the treatment
- Fosters motivation by encouraging the supporter and client to discuss the effect of the client's marijuana use on their relationship
- Formulates a change plan
- Identifies how the supporter can help the client with treatment goals and abstinence.

The counselor emphasizes the importance of the supporter's participation and indicates that in a few minutes the counselor will want to hear more from the supporter but that first the counselor will talk with the client about what has been happening recently:

**Counselor (C):** *I want to thank you both for coming today. Shirley has told me how much help you've been to her. We'll meet for about an hour today to discuss your role as a supporter for Shirley. Does either of you have any questions?*

**Husband (H):** *I want you to know how proud of her I am; I'm willing to do whatever I can to help her out.*

**C:** *That's very encouraging to hear. Before we begin, I'd like to take a few minutes to ask Shirley how things have been going since we last met.*

### **Examine Client's Recent Experiences**

The counselor asks the client to describe his or her recent experiences with marijuana:

- Did the client stop use since the previous session?
- Did the client make an effort to stop?
- Was the client confronted with any high-risk or tempting situations?
- What strategies did the client use? Did the client try any of the strategies in *Learning New Coping Strategies* (form 1A)? Were they successful?
- Were there any instances when the client effectively handled a "hot" situation (i.e., very high risk)?

The counselor acknowledges client efficacy and reinforces the strategies that the client found useful. The client's report on the week's events provides the counselor with an opportunity to use motivational interviewing techniques. As the client talks, the counselor's objective is to elicit information and to use that information to provide reflections, express empathy, identify discrepancies, elicit self-motivational statements, and roll with resistance:

**Shirley (S):** *Well, I've almost completely stopped smoking since our last session.*

**C:** *You seem very pleased with yourself! How did you do that?*

**S:** *Right after the last session I kept thinking about how pot has kept me from doing the things I want to do. I really want to be a teacher, and I realized that as long as I kept smoking, I would always feel bad. So I went home and smoked one last time, then flushed the remainder of my stash down the toilet! During the last week I've wanted to get high several times, but I didn't.*

**C:** *What did you do when you felt like smoking?*

**S:** *Well, I talked to my husband. I read about that in the handout you gave me last week.*

### **Examine Client's Experience With Supportive and Nonsupportive Relationships**

The counselor helps the client reevaluate relationships that have enhanced or impeded change:

**C:** *Talking to someone else helped.*

**S:** *Yes, it did. And I kept cards and notes from my students in my purse and would take them out and look at them. Boy, I love those kids!*

**C:** *Your love for the children you teach and your husband's support are powerful tools!*

**S:** *You bet!*

or

**Doug (D):** *My wife chose not to come today. She says this is my problem, and I need to solve it or find a new wife. After all these years of me smoking around her, now she wants immediate change and doesn't want to help me!*

**C:** *As you work on making changes, you may not have the support you would like. How are things different since we met last?*

**D:** *I've tried to cut down to a couple of days a week, but it's harder than I thought.*

**C:** *When you were successful, what did you do differently?*

**D:** *I didn't take pot to work 2 days last week, so I couldn't smoke. It wasn't that bad. If I didn't have it in my car, I didn't leave work on an "errand" to smoke.*

**C:** *You found that you could make changes if you didn't have marijuana in easy reach, and it may have been easier than you thought it might be. Did other things help?*

### **Discuss Ambivalence**

The client may be reluctant to disclose ambivalence for fear of disapproval. However, strong ambivalence may be manifested in nonverbal behavior and possibly in an impaired therapeutic alliance (e.g., missed sessions, reluctance to establish treatment goals). The counselor needs to be vigilant about maintaining the client's level of motivation for change and engagement in treatment.

### **Establish a Change Plan**

The counselor helps the client establish a long-term plan for behavior change, focusing particularly on the next 12 months. The counselor summarizes indications of motivation that the client has made. If the client has given no indications of a desire to change, he or she may not be ready to commit to change, and the counselor points this out.

The counselor explains that articulating goals increases the likelihood that the counseling will be meaningful and useful. For clients whose goal is immediate and permanent abstinence, articulating goals is straightforward. However, many clients are not at this stage of change early in treatment. If clients say they are not ready to give up marijuana, the counselor suggests setting other interim goals such as learning more about the skills that will help them quit or reduce marijuana use in the future. Goals may be general, such as quitting marijuana use within the next 2 weeks or reducing marijuana use to no more than four joints per week. Other goals may be more specific. For example, the client may set goals of figuring out how to stay away from substance use opportunities, identifying ways to get past cravings, learning new social skills, and participating in activities that are incompatible with marijuana use. Although the program's goal is to help clients achieve abstinence, the counselor needs to meet the clients where they are to avoid alienating them and to keep the door open for improvement and possible future abstinence.

### **Involve Supporter and Review Supporter Strategies and Supporter Agreement**

If a supporter is attending this session, the counselor shifts the focus of the session to the relationship between the client and supporter. The counselor asks the supporter why he or she

wants to participate, eliciting the supporter's concerns and hopes for the client. The counselor gives the supporter *Supporter Strategies* (form 2A) and reviews its contents.

The counselor introduces the *Supporter Agreement* (form 2B), and the client and supporter read the list to determine which items they will agree to:

- C:** *We have a list of ideas and strategies that have been helpful for some people. Let's see whether any of these could work for you two. [To husband] As we begin to look at ways that you and your wife can work together on this change, what concerns do you have?*
- H:** *Shirley has a habit of getting excited about something and then giving up when things get tough. I want to help, but I'm not going to nag her. This is something she's going to do, not me. I'll help, but I won't push her.*
- C:** *You recognize that Shirley needs to make her own decisions, and you don't want to be a policeman, is that right?*
- H:** *Pretty much, but I don't want to give you the idea that I won't support her.*
- C:** *It sounds as if you have some ideas of what you would be willing to do. I've given the two of you a Supporter Agreement. We've listed some ways that Shirley might reach her goals. As we look at these together, I'd like you to identify some things you might be willing to do. How does that sound?*

Even if the client has not brought a supporter to the session, the counselor reviews the *Supporter Agreement*. The client may choose to identify a supporter later. The counselor and client can role play ways of asking for support.

### **Assign Between-Session Exercises**

The counselor asks the client to continue reviewing the forms handed out at this session and last week's session.

### **Review and Conclude Session**

The counselor reviews the content of the session, asks the client for feedback, responds empathically to his or her comments, and troubleshoots any difficulties. The counselor should also discuss with the client the likely scenarios for future treatment sessions. For example:

- C:** *When we meet next time, we're going to shift gears somewhat. I'm going to talk with you about other areas of your life besides your marijuana use—areas in which you may be experiencing difficulty. These problems may be directly related to your marijuana use, but not necessarily. We're going to work on these other areas of life because doing so may help you be successful in your goal to stop using marijuana.*

## **Forms for Sessions 1 and 2**

During the enhancing motivation sessions, the counselor and client review or complete five forms. These forms are provided on the remaining pages of this section.

## Learning New Coping Strategies

### Some Alternatives to Marijuana Use

You can do many things to stop using marijuana. Some may work better than others. Some help you resist the urge to smoke or avoid tempting situations or satisfy your needs in more constructive ways than smoking marijuana. Expect to try several and add any that may be helpful. Think about what worked when you gave up marijuana before or when you made other changes in your life.

Be kind to yourself as you begin this change process—you're doing something to take care of yourself, and you deserve all the comfort and self-acceptance you can get! Remind yourself that learning and changing inevitably mean giving up old ways and that, in time, you will feel more comfortable. Remember the changes your body and mind went through when you learned to drive, got to know a new person, started a new job, or learned a new skill. Chances are you felt awkward, uncomfortable, silly, dumb, scared, frustrated, impatient, or anxious, in addition to hopeful, excited, and challenged. What helped you then? How long did it take you to feel relaxed? Did you learn all at once, or were improvement and progress gradual?

### Actions

Avoid or escape from situations that make you want to smoke marijuana. Sometimes this is the easiest and most effective way to resist temptation, especially at the beginning.

Delay decisions to give in to temptation; for example, you could wait 15 minutes. Take several deep breaths. Focus on the fresh air entering your lungs, cleansing and nourishing your body. Let out tension with each exhalation.

Change your physical position. Stand up and stretch, walk around the room, or step outside.

Carry things to put in your mouth: toothpicks, gum, mints, plastic straws, low-calorie snacks.

Carry objects to fiddle with: a rubber ball to squeeze, a small puzzle, a pebble, worry beads.

Have a distracting activity available: a crossword puzzle, magazine, book, a postcard to write.

### Thoughts

**Self-talk.** Give yourself a pep talk; remind yourself of your reasons for quitting; remind yourself of the consequences of using marijuana; challenge any wavering in your commitment to quit.

**Imagery and visualization.** Visualize yourself as a nonsmoker, happy, healthy, and in control; imagine your lungs getting pink and healthy; or focus on negative imagery and imagine yourself with cancer, emphysema, unable to breathe, needing constant care. Visualize yourself in a jail made of marijuana cigarettes symbolizing the way marijuana controls your life.

**Thought-stopping.** Tell yourself loudly to STOP; get up and do something else.

## Learning New Coping Strategies (continued)

**Distraction.** Focus on something different: the task at hand, a daydream, a fantasy, counting backwards from 150 by 3s.

### ***Lifestyle***

Exercise or take a brisk daily walk. Get your body used to moving; use stairs instead of elevators; park farther away from your destination; walk instead of drive.

Practice relaxation or meditation techniques regularly.

Take up a hobby or pick up an old hobby you used to enjoy.

Drink less coffee; switch to decaf; drink herbal teas.

Engage in an enjoyable activity that is not work related several times a week.

Change routines associated with smoking marijuana, at least temporarily; for example, don't turn on the TV when you get home from work; don't spend time with friends who smoke.

### ***Social Interactions and Environment***

Remove smoking paraphernalia (pipes, papers, bong, ashtrays, matches, lighters, marijuana) from your home and car.

Go to places where it's difficult to get high, such as a library, theater, swimming pool, sauna, steam bath, restaurant, and public gatherings (not rock concerts).

Spend time with friends who don't smoke. Enlist support from family and friends. Announce that you've quit; ask people not to offer you pot, to praise you for stopping, to provide emotional support, and not to smoke around you.

Learn to be appropriately assertive; learn to handle frustration or anger directly instead of by smoking.

### **Specific Suggestions for Some Common High-Risk Situations**

Below are several high-risk situations that people who use marijuana confront, along with suggestions for coping without smoking.

#### ***Tension Relief and Negative Emotions*** (e.g., depression, anxiety, nervousness, irritability)

Develop relaxation techniques, exercise, write down your feelings or talk to a friend or counselor, do something enjoyable that requires little effort, figure out what you're feeling and whether you can do anything about it.

## Learning New Coping Strategies (continued)

### ***Anger, Frustration, and Interpersonal Conflict***

Try to handle the situation directly rather than hide your feelings; if appropriate, be assertive; get some release by squeezing a rubber ball, pounding a pillow, or doing some physical activity; write down your feelings or tell them to someone; take deep breaths.

### ***Fatigue and Low Energy***

Do muscle relaxations; take a brisk walk; do something enjoyable; eat properly and get enough sleep.

### ***Insomnia***

Don't fight being unable to sleep. Get up and do something constructive or relaxing. Read a book, watch TV, or do muscle relaxations until you feel sleepy. Remember that no one dies from losing a night's sleep.

### ***Timeout***

Read, do a crossword puzzle, prepare a healthy snack, take up a hobby, knit or do other needlework (things you can carry with you for easy access).

### ***Self-Image***

Try a new image: get a new haircut or buy new clothes.

### ***Social Pressure***

Be aware when others are smoking. Remember your commitment not to smoke marijuana. Be assertive and request that people not offer you pot. If appropriate, ask that they not smoke around you for a while. If necessary, be prepared to leave the situation, especially when you've recently quit.

### ***Situations Involving Alcohol***

After you've quit marijuana, you may continue to associate drinking with smoking pot. Alcohol can make you less vigilant about resisting marijuana. It tends to make people less concerned about long-term consequences. You might consider not drinking or cutting down during the first few weeks after quitting. If you don't want to do this, be especially careful when you drink.

### ***Cravings and Urges***

The only way to interrupt cravings is to break the chain of responding to them. That is, don't give in. Eventually they will decrease. Do something to distract yourself; use the techniques listed under Thoughts; breathe deeply; call a friend; go for a walk; move around; time the urge, and you'll find that it will disappear like a wave breaking.

## A Guide to Quitting Marijuana<sup>1</sup>

### About Marijuana and How It Affects the Body

Cannabis is the general name given to a variety of preparations derived from the plant *Cannabis sativa*. The main psychoactive ingredient in cannabis is delta-9-tetrahydrocannabinol or THC. Some 400 other chemicals also are in the cannabis plant.

When a person smokes marijuana, THC enters the bloodstream through the walls of the lungs and is taken to the brain. THC is stored in fatty tissues and can be detected in urine for days, weeks, or sometimes months. The effects of marijuana depend on the person, the environment, the potency of the drug, and how long the person has been using the drug. It is possible to become addicted to marijuana and feel dependent on it to get through the day. Each year thousands of people seek help to stop using marijuana.

### Why Do You Smoke Marijuana?

You may have many reasons for smoking marijuana: to relax, to help you sleep, to calm down. However, meditation or exercise often can accomplish these same results. You may smoke to improve social interactions, but many find that after years of smoking, relationships and social life in general have deteriorated. Or you may smoke to avoid life's problems. However, the problems don't go away by themselves.

Below, identify your specific reasons for smoking.

#### Why I Use Marijuana

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

### Why Do You Want To Give Up Marijuana?

Researchers, health professionals, and people who smoke marijuana have identified health, social, legal, and financial reasons to quit.

#### Health Risks

- Respiratory diseases such as chronic bronchitis.
- Changes to cells in the body that may signal the development of cancer. Marijuana smoke contains substantially higher levels of cancer-causing chemicals than does tobacco smoke.

<sup>1</sup>Adapted from Grenyer et al. 1995.



## A Guide to Quitting Marijuana (continued)

- Problems with attention, concentration, and memory that get worse with continued use of marijuana and only partially improve after quitting.
- An increased risk of developing cancers in the mouth, throat, and lungs.
- An increased risk of birth defects or leukemia in children exposed to marijuana during pregnancy. Using marijuana also may disrupt sperm production and ovulation.
- Poor educational achievement and difficulties in learning.
- An increase in symptoms for people who suffer from heart disease, asthma, bronchitis, emphysema, or schizophrenia.

Identify the health risks that concern you the most.

### Health Fears

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

### ***Social Reasons for Quitting***

Some people give up marijuana because they are tired of their lifestyle and feel they are stagnating. Are you

- Worried that your social life is restricted to people who smoke dope?
- Feeling low and avoiding people?
- Worried that some relationships are not going well?
- Arguing with your partner?
- Aware of your partner's concerns about your smoking?
- Worried about smoking around children?

Many people use marijuana to avoid problems. Often their problems just continue to get worse. Your decision to quit might make some problems seem worse in the short term, but you will feel much better in the long run. You will be able to handle problems better, and the problems caused by your smoking will diminish. Remember: No pain, no gain.

## A Guide to Quitting Marijuana (continued)

### Financial Costs

Are you concerned about the amount of money you spend on marijuana? In the blanks below, fill in how much you spend on marijuana, and calculate what getting stoned costs you per year.

\$ _____ per week x 52	or	\$ _____ per month x 12
TOTAL COST PER YEAR \$ _____		

You might want to include the costs of tobacco, papers, bongs, and munchies as well as days off work. It all adds up.

### Other Reasons for Quitting

What about other hassles? Do you

- Feel addicted to marijuana or unable to control your marijuana use?
- Feel anxious and paranoid?
- Feel as if your thoughts are racing except when you're stoned?
- Have trouble sleeping?
- Feel you are not doing your job properly?
- Drive when stoned?
- Waste time trying to get marijuana?
- Risk getting arrested for growing your own marijuana?
- Worry about getting arrested for possession?
- Have arrests, fines, court hearings, a criminal record, or other legal issues to address?
- Fear going to jail?

### How Do You Give Up Marijuana?

If you are serious about quitting, the best way is to stop "cold turkey." You might be surprised that it's easier than you think. Soon after quitting, you'll find that your thinking becomes clearer.

To quit using marijuana, you have to confront your desire to get stoned. You will be going into battle against a part of yourself that you no longer wish to exist. Giving up marijuana, especially if you've been using for some time, is a bit like losing an old friend. Quitting may feel like a funeral, but it is also the beginning of a new life.

Think of quitting as a positive step. You must be well prepared and have a plan worked out in advance. If you follow the suggestions in this guide, you will find it easier to achieve your goal. If you are serious about stopping, it is time to decide when you are going to quit. Review the *Quit Agreement* (form 1C).