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## Motivational interviewing as a supplementary therapy for cannabis use disorder

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### Abstract

Treatment of cannabis use disorder among the youth is a challenging task. Pharmacological treatment combined with other forms of therapies give better result during the course of time. The number of self-motivated adolescents seeking treatment is less. Most of the time they get admitted due to compulsion from parents, teachers, or family members. Even though they receive a systematic treatment in the hospital, the greatest concern of health care professionals and family members is to boost up the motivation to maintain abstinence. After getting discharged from an institutional setting, there is every possibility for the patient to restart using cannabis. This can be prevented only by the self-motivation, as internal motivation can function as a strong force to work towards the achievement of certain goals and to maintain a particular behaviour. Motivational interviewing is a systematically planned therapeutic measure can maintain this internal motivation to a greater extent.

**Keywords:** Cannabis use disorder, adolescence, internal motivation, motivational interviewing

### Introduction

‘Motivation is not something that one has but rather something one does.’

Use of alcohol and other drugs during adolescence leads to academic and health problems and a higher incidence of abuse or dependence in adulthood (Berg *et al.*, 2013; D'Amico, Tucker, *et al.*, 2016; van Gastel *et al.*, 2013, Wu LT, Swartz MS, Brady KT, Hoyle RH 2015) [9, 12, 13, 10, 15]. Primary care settings provide a unique opportunity to address adolescent use of alcohol and other drugs through screening and brief intervention, particularly for younger adolescents (Phillips *et al.*, 2014, Substance Abuse and Mental Health Services Administration 2015, Davis, J. P, 2016) [7, 1, 19]. In many studies, motivational interviewing (MI) was used as an intervention (Miller & Rollnick, 2013, Miller WR, Rose GS 2015, D'Amico EJ 2015 Blevins E C *et al.*, 2018) [8, 20, 21, 14].

Motivation involves recognizing a problem, searching for a way to change, and then beginning and sticking with that change strategy. Over the past years, considerable research and clinical attention have focused on ways to better motivate substance users to consider, initiate and continue substance abuse treatment as well as to stop or to reduce their excessive use of alcohol and drugs either on their own or with the help of a formal program. This has led to exploring the possibilities of understanding the nature of client motivation and the role of health professionals in shaping it to promote and maintain positive behavioural change. A survey conducted among high school students indicated that marijuana use is prevalent among adolescents (Johnston, O'Malley, Bachman, & Schulenberg, 2012) [4]. Recent research has suggested that adolescents who smoke marijuana regularly are at greater risk of experiencing adverse health and psychosocial consequences including higher frequencies of sexually transmitted diseases and pregnancies, early school dropout, delinquency, legal problems, and lowered educational and occupational expectations (Brook 2013) [5]. Patients who seek treatment for drug abuse often express their concern about maintaining abstinence. The recovery from substance use is complicated by physiological and psychological dependence but the intentions and motivation of the abuser are a critical part of this process. They need constant support and motivation to stay away from the drugs (Walker, D. D *et al.*, 2015) [17]. Most often they go to a stage of relapse due to peer pressure and psychological stressors. Complete abstinence is possible only if they are internally motivated. External support along with intrinsic motivation will promise good results in modifying any bad habits including cannabis abuse. A health care professional like a psychiatric nurse can do a lot to maintain the motivation of patients if provided with adequate knowledge and practice regarding the motivational intervention package.

### **Motivational interviewing**

Brief motivational interviewing intervention to reduce alcohol and marijuana use for at-risk adolescents in primary care is an effective treatment (D'Amico E J *et al.* 2018) [3]. Motivational interviewing is a way of being with a client, not just a set of techniques for doing counselling (Miller and Rollnick 2013, Walker, D. D 2016) [8, 16].

It is a way to interact with substance-using clients, not merely as an adjunct to other therapeutic approaches, and a style of counselling that can help resolve the ambivalence that prevents clients from realizing personal goals. Motivational interviewing builds on Carl Rogers' optimistic and humanistic theories about people's capabilities for exercising free choice and changing through a process of self-actualization.

### **Therapeutic assumptions of motivational interviewing**

Even for clients with low readiness, motivational interviewing serves as a vital prelude to later therapeutic work. Motivational interviewing is a counselling style based on the following assumptions.

1. Ambivalence about substance use (and change) is normal and constitutes an important motivational obstacle in recovery.
2. Ambivalence can be resolved by working with your client's intrinsic motivations and values.
3. An alliance between you and your client is a collaborative partnership to which you each bring important expertise.
4. An empathic, supportive, yet directive counselling style provides conditions under which change can occur.

Individuals with substance abuse disorders are usually aware of the dangers of their substance-abusing behaviour but continue to use substances anyway. They may want to stop using substances, but at the same time, they do not want to. They enter treatment programs but claim their problems are not all that serious. These disparate feelings can be characterized as ambivalence because ambivalence is often the central problem and lack of motivation can be a manifestation of this ambivalence. Hence the strategies of motivational interviewing are more persuasive than coercive, more supportive than argumentative to deal with ambivalence.

### **Principles of motivational interviewing**

Motivational interviewing has to be practiced with five general principles.

1. Express empathy through reflective listening
2. Develop the discrepancy between clients' goals or values and their current behaviour
3. Avoid argument and direct confrontation
4. Adjust to client resistance rather than opposing it directly
5. Support self-efficacy and optimism

### **Expressing empathy**

Empathic motivational interviewing establishes a safe and open environment that is conducive to examining issues and eliciting personal reasons and methods for change. A fundamental component of motivational interviewing is understanding each client's unique perspective, feelings and values.

### **Develop discrepancy**

The motivation for change is enhanced when clients perceive discrepancies between their current situation and their hopes for the future. It is initially highlighted by raising the client's awareness of negative personal, familial, or community consequences of problem behaviour and helping them confront the substance use that contributed to the consequences. Help the client to realize how personal goals are being undermined by current substance use patterns.

Once a client begins to understand how the consequences or potential consequences of current behaviour conflict with significant personal values, amplify, and focus on discordance until the client can articulate consistent concern and commitment to change. Revealing discrepancy using video messages and images will be useful for adolescents as it provides stimulation for discussion and reaction.

### **Avoid argument**

Arguments with the client can rapidly degenerate into a power struggle and do not enhance motivation for beneficial change. Accusing clients of being in denial or resistant or addicted is more likely to increase their resistance than to instil motivation for change. According to Miller and Rollnick, it is important to start with the client wherever they are, and altering their self-perceptions, not by arguing about labels but through substantially more effective means.

### **Rolling with resistance**

There is every possibility for a client to become resistant at any phase of the intervention. It is very important to identify resistance as it gives a signal that either the client is behaving defiantly or he may be viewing the situation differently. Understand the client's perspective and proceed from there.

### **Support self-efficacy**

Many clients do not have a well-developed sense of self-efficacy and find it difficult to believe that they can begin or maintain behavioural change. Improving self-efficacy requires eliciting and supporting hope, optimism, and the feasibility of accomplishing change because self-efficacy is a critical component of behaviour change.

Explaining the biology of addiction and the medical effects of substance use at the level of understanding of the client may alleviate shame and guilt and instill hope that recovery can be achieved by using appropriate methods and tools. A process that initially feels overwhelming and hopeless can be broken down into achievable small steps toward recovery.

### **Benefits of motivational interviewing**

In addition to its effectiveness, it can easily be applied in a managed care setting in terms of low cost, efficacy, effectiveness, mobilizing client resources, compatibility with health care delivery, empathizing client motivation and enhancing adherence.

### **Low cost**

Motivational interviewing was designed from the outset to be a brief intervention and is normally delivered in two to four outpatient sessions

**Efficacy**

There is strong evidence that motivational interviewing triggers changes in high- risk lifestyle behaviours.

**F Effectiveness**

Large effects from brief motivational counselling have held up across a wide variety of real-life clinical settings.

**Mobilizing client resources**

Motivational interviewing focuses on mobilizing the client's own resources for change.

**Compatibility with health care delivery**

Motivational interviewing does not assume a long-term client-therapist relationship. Even a single session has been found to invoke behaviour change and motivational interviewing can be delivered within the context of larger health care delivery systems.

**Emphasizing client motivation**

Client motivation is a strong predictor of change, and this approach puts primary emphasis on first building client motivation for change. Thus, even if clients do not stay for a long course of treatment, as in the case of substance use, they have been given something that is likely to help them within the first few sessions.

**Enhancing adherence**

Motivational interviewing is also a sensible prelude to other health care interventions because it has been shown to increase adherence, which in turn improves treatment outcomes.

**Conclusion**

The characteristic features of motivation suggest that motivation is multi-dimensional, it is influenced by social interactions, and it is a key to change. According to Carl Rogers, an individual's experience of the core inner self is the most important element for personal change and growth. In this context, motivation is redefined as purposeful, intentional, and positive- directed towards the best interests of the self. Motivation is the probability that a person will enter into, continue, and adhere to a specific change strategy. Thus, a well-planned motivational interviewing can be used as an adjunct to cannabis abuse. It helps the client to modify destructive behaviour as a lack of motivation to quit can be one of the greatest barriers for individuals struggling with addiction.

**References**

1. Substance Abuse and Mental Health Services Administration. National Survey on Drug Use and Health: Summary of the Effects of the 2015 NSDUH Questionnaire Redesign: Implications for Data Users [Internet]. Rockville (MD): Substance Abuse and Mental Health Services Administration (US) 2016. Jun 2015. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK524967/>
2. Substance abuse and mental health services administration (US). (Treatment Improvement Protocol (TIP) series, No. 35.) Chapter 3- Motivational interviewing as a counselling style 1999. <https://pubmed.ncbi.nlm.nih.gov/22514841/>
3. D'Amico EJ, Parast L, Shadel WG, Meredith LS, Seelam R, Stein BD, *et al.* Brief motivational interviewing intervention to reduce alcohol and marijuana use for at-risk adolescents in primary care. *Journal of consulting and clinical psychology* 2018;86(9):775-786. <https://www.ncbi.nlm.nih.gov/pubmed/30138016>
4. Johnston LD, O'Malley PM, Miech RA, *et al.* Monitoring the Future: national survey results on drug use, 1975–2013 — overview, key findings on adolescent drug use. Ann Arbor: Institute for Social Research, University of Michigan 2014. <https://deepblue.lib.umich.edu/handle/2027.42/137913>
5. Brook JS, Lee JY, Finch SJ, Seltzer N, Brook DW. Adult work commitment, financial stability, and social environment as related to trajectories of marijuana use beginning in adolescence. *Subst Abus.* 2013;34:298-305. <https://www.ncbi.nlm.nih.gov/pubmed/23844962>
6. Mason M, Light J, Campbell L, Keyser-Marcus L, Crewe S, Way T, *et al.* Peer network counseling with urban adolescents: A randomized controlled trial with moderate substance users. *Journal of Substance Abuse Treatment* 2015;58:16-24. <https://www.sciencedirect.com/science/article/abs/pii/S0740547215001610>
7. Phillips NL, Milne B, Silsbury C, Zappia P, Zehetner A, Klineberg E, *et al.* Addressing adolescent substance use in a paediatric health-care setting. *Journal of Paediatrics and Child Health* 2014;50(9):726-731. <https://pubmed.ncbi.nlm.nih.gov/24943123/>
8. Miller WR, Rollnick S. Motivational interviewing: Helping people change. 3. New York: Guilford Press 2013. <https://www.guilford.com/books/Motivational-Interviewing/Miller-Rollnick/9781609182274>
9. Berg Noora, Kiviruuu Olli, Karvonen Sakari, Kestilä Laura, Lintonen Tomi, Rahkonen Ossi, *et al.* A 26-year follow-up study of heavy drinking trajectories from adolescence to mid-adulthood and adult disadvantage. *Alcohol and Alcoholism.* 2013;48 (4):452-457. <https://pubmed.ncbi.nlm.nih.gov/23531717/>
10. Van Gastel WA, Tempelaar W, Bun C, Schubart CD, Kahn RS, Plevier C. Cannabis use as an indicator of risk for mental health problems in adolescents: A population-based study at secondary schools. *Psychological Medicine* 2013;43(9):1849-1856. <https://pubmed.ncbi.nlm.nih.gov/23200103/>
11. D'Amico EJ, Miles JNV, Stern SA, Meredith LS. Brief motivational interviewing for teens at risk of substance use consequences: A randomized pilot study in a primary care clinic. *Journal of Substance Abuse Treatment.* 2008;35:53-61. <https://pubmed.ncbi.nlm.nih.gov/18037603/>
12. D'Amico EJ, Parast L, Meredith LS, Ewing BA, Shadel WG, Stein BS, *et al.* Screening in primary care: What is the best way to identify at-risk youth for substance use? *Pediatrics* 2016;138:1-9. <https://pubmed.ncbi.nlm.nih.gov/27940696/>
13. D'Amico EJ, Tucker JS, Miles JNV, Ewing BA, Shih RA, Pedersen ER, *et al.* Alcohol and marijuana use trajectories in a diverse longitudinal sample of adolescents: Examining use patterns from age 11 to 17. *Addiction* 2016;111(10):1825-1835. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5016216/>

14. Blevins EC, Walker DD, Stephens SR, Banes KE, Roffman RA. Changing Social Norms: the Impact of Normative Feedback Included in Motivational Enhancement Therapy on Cannabis Outcomes among Heavy-Using Adolescents: *Addict Behav* 2018;76:270-274.  
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5614893/>
15. Wu LT, Swartz MS, Brady KT, Hoyle RH. NIDA AAPI Workgroup. Perceived cannabis use norms and cannabis use among adolescents in the United States. *J Psychiatr Res* 2015;64:79-87. doi: 10.1016/j.jpsychires.2015.02.022. Epub 2015 Mar 6.  
<https://pubmed.ncbi.nlm.nih.gov/25795093/>
16. Walker DD, Stephens RS, Blevins CE, Banes KE, Matthews L, Roffman RA, *et al.* Augmenting brief interventions for adolescent marijuana users: The impact of motivational check-ins. *Journal of consulting and clinical psychology* 2016;84(11):983-992.  
<https://doi.org/10.1037/ccp0000094>
17. Walker DD, Stephens RS, Towe S, Banes K, Roffman R. Maintenance Check-ups Following Treatment for Cannabis Dependence. *Journal of substance abuse treatment* 2015;56:11-15.  
<https://doi.org/10.1016/j.jsat.2015.03.006>
18. Blevins CE, Banes KE, Stephens RS, Walker DD, Roffman RA. Change in motives among frequent cannabis-using adolescents: Predicting treatment outcomes. *Drug and alcohol dependence* 2016;167:1750-181.  
<https://doi.org/10.1016/j.drugalcdep.2016.08.018>
19. Davis JP, Houck JM, Rowell LN, Benson JG, Smith DC. Brief Motivational Interviewing and Normative Feedback for Adolescents: Change Language and Alcohol Use Outcomes. *Journal of substance abuse treatment* 2016;65:66-73.  
<https://doi.org/10.1016/j.jsat.2015.10.004>
20. Miller WR, Rose GS. Motivational interviewing and decisional balance: contrasting responses to client ambivalence. *Behav Cogn Psychother* 2015;43(2):129-41. <https://pubmed.ncbi.nlm.nih.gov/24229732/>
21. D'Amico EJ, Houck JM, Hunter SB, Miles JN, Osilla KC, Ewing BA, *et al.* Group motivational interviewing for adolescents: change talk and alcohol and marijuana outcomes. *J Consult Clin Psychol* 2015;83(1):68-80.  
<https://pubmed.ncbi.nlm.nih.gov/25365779/>