Psychosocial treatment of cannabis disorders

Improvement in psychological and social competence
## Psychosocial treatment of cannabis disorders: a review of 13 studies.

<table>
<thead>
<tr>
<th>Author</th>
<th>Year</th>
<th>Country</th>
<th>Experiment-Control</th>
<th>N</th>
<th>Evidence</th>
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In the studies 1-5 only a minority (20 -40 %) of the clients achieve a complete abstinent condition during the period of treatment. However, they display a significant reduction in cannabis use and cannabis related problems.
It is necessary, for those who are dysfunctional, to develop appropriate treatment programs based on

- cognitive-behavioural technique or
- cognitive-educative technique or
- Motivational Interviewing technique or
- a combination of these.
These programmes should incorporate:

• A built-in flexibility to offer care to patients of all ages. (evidence 2)

• A brief intervention, which has significantly larger reduction in substance related problems with the lowest severity clients, few sessions. (evidence 2)

• A more comprehensive intervention, which works better with high severity clients, with at least 14 sessions over a period of 4 months with follow-up sessions, more often at the beginning. (evidence 2)

• The subtle impairments in cognition within their agenda and work towards their resolution. (evidence 3)

• A focus on immediate abstinence and the possibility to have urine samples taken. (evidence 2)

• Sessions for family members and significant others. (evidence 3)

• The possibility of long-lasting cognitive deficits that affect both the performance of complex tasks and the ability to learn. (evidence 2)
A focus directly on use itself, and at the same time, help to improve the accompanying deficits in competence. (evidence 2)

A help to critical examination of the drug-related episodic memory (memory for self-knowledge). (evidence 3)

Strategies to enhance self-esteem that is not based on a drug-related episodic memory. (evidence 2)

A set of adequate questions to enhance the recognition factor. The effectivity of the cue is dependent on the associative strength and encoding specificity. (evidence 3)
Why treatment?

• The chronic influence on the cognitive functions.

• The impact of the increased subjective perception as a result of the acute intoxication on the emotional system.

• The need of professional guidance in the relearning process, and regaining and stabilisation of the cognitive functioning
Why treatment?

• Critical examination of the drug-related episodic memory.

• Promotion of the psychological maturation.

• The need to enhance the social competence and orientation to life.

• Compensating for an immature brain development

continues
Why treatment?

• The causes that lie behind the self-regulating use of cannabis.

• Depression and phobic reaction following cessation of cannabis.

• The need to be given proposals.
A treatment manual for chronic cannabis users

Lundqvist & Ericsson 1988

- Original model > 24 yrs
- Manual based model, 17-24 yrs, > six months regular use
- Short version < 17 yrs or < 6 mo
- Cannabis discussion
  - Guide

Topics and questions

Phase 1
Bio-Medical focus
3 session/week

Phase 2
Psychological focus
3 sessions/week - 2 sessions/week

Phase 3
Psycho-Social focus
Sessions for family members
Sessions 7-10
Sessions 11-18

Introduction
Motivational sessions

Extended

Thomson & Ekblom 1988
A Score

Is defined as a basic structure intended for interpretation, improvisation or completion by some else but the author. It, indeed, implies an individual creative process of the performer. The final identity is not possible to foresee.
THE STRUCTURE OF THE GUIDE:

- Basic facts
- How does cannabis affect me?
- Why do I use cannabis?
- Why should I quit?
- Check your way of thinking as a cannabis user.
- Cannabis a treacherous drug.
- The process of quitting.
- How do I stay off cannabis?
A guide to quitting Marijuana and hashish

En Guide för Dig som vill sluta med Hasch och Marijuana
En Guide for dig som vil ud af hashmisbrug
En guide for DEG som vil slutte med hasj
OPAS Sinulle, joka haluat lopettaa kannabiksen käytön
A guide to quitting Marijuana and Hashish
Ein Guide für die, die nach einem Ausweg aus dem Haschischmißbrauch suchen
Un guide pour arrêter la consommation de Marijuana et de Hachisch
EEN GIDS voor Wie wil stoppen met Hasj en Marihuana
FUNA GUÍA PARA SALIR DE LA MARIHUANA Y EL HACH
Russian language
Persian language
A logistic framework of seven cognitive functions

1. Verbal Ability (quantitative and qualitative)
2. Logical-Analytic Ability (to make correct conclusions)
3. Psychomotility (flexibility in thought)
4. Memory (working and long-term memory)
5. Analytic-Synthesis (to synthesis and create an entity from perceived information)
6. Psychospatial Ability (orientation in space and time continuum)
7. Gestalt Memory (to create patterns and pictures of perceived information)
A short presentation of the treatment manual

- Phase 1: a bio-medical focus lasting until the 12th day after smoking cessation.

- Phase 2: a psychological focus lasting until the 21st day after smoking cessation.

- Phase 3: a psychosocial focus during the rest of the program. This phase has no time limits.
The treatment manual focus on

- The chronic influence on the cognitive functions.
- The impact of the enhanced subjective perception.
- The need of professional guidance in the relearning process.

- Critical examination of the drug-related episodic memory.
- Promotion of the psychological maturation.
- Enhancing the social competence and orientation to life.

- The self-regulation use of cannabis.
- Depression and phobic reaction following cessation of cannabis.
- The need to be given proposals.
The therapist is requested to:

• have good knowledge of the acute and chronic effects of cannabis.
• use a concrete and simple language.
• transform abstract reasoning into drawings and metaphors.
• be a leading authority in describing the detoxification process.
• The therapist is the prefrontal substitute.
An illustration of the screened off condition
Each discussion should contain

• To make the client notice what is happening.
• To make the client compare with earlier experiences.
• to make the client reflect and consider the topics of the discussion.
Step 1 implies

- To handle and solve the anxiety reactions.
- To help the patient resist the desire to escape back into the influence of cannabis.
- To coach the defective capacity for learning.
- To reveal the specific thought pattern of the patient.
Topics discussed in step 1

- The pattern of cannabis use.
- The patient’s image of himself/herself as cannabis user related to the seven cognitive abilities.
- The concept of time.
- The withdrawal symptoms.
Step 2 implies

• To be negative to the state-dependent ego.
• To be able to perceive the difference between what they are today and what they want to be.
• To be inspired with positive representations of the future.
Topics discussed in step 2

- The home situation.
- The process of change.
- The patients representations of the future.
- ”Good feelings- bad feelings”.
- The experience of ”the fog lifting”.
- Loneliness and isolation.
Step 3 implies

• To help the patient understand the components of a developmental process.
• To elucidate the basic conflict.
• To help the patient realise the difficulties in changing identity.
Topics discussed in step 3

- Do the patient consider himself as a part of the society.
- How does he/she function in daily life without the shelter of cannabis.
- How does he/she handle the vulnerability and sensitivity.
- How does he/she plan the future life.
The 18 sessions manual used at Maria Youth Centre

**Session 1**
Illustration of THC elimination and anxiety reactions. Info about physical reaction.
Information about cannabis.
Test: SOC, SCL-90, BDI scale focusing on relations.

**Session 2**
Assessment feedback
Positive and negative attitudes to cannabis use
Why do you want to quit now?
What kind of help do you need?

**Session 3**
Acute effects of cannabis

**Session 4**
Chronic effect of cannabis

**Session 5**
Cognitive function and dysfunction

**Session 6**
Attitudes and patterns of use

**Session 7**
Drug lifeline

**Session 8**
Sociogram

**Session 9**
Lifeline

**Session 10** (or when it is appropriate)
Session together with the parents

**Session 11**
Relaxation
Focus on emotions

**Session 12**
Continued focus on emotions
Guilt and shame

**Session 13**
Norms and values-behavior-abuse

**Session 14**
Juhari window or something more suitable

**Session 15**
The process of relapse

**Session 16**
Continued relapse prevention
Test: SOC, SCL-90, BDI scale focusing on relations.

**Session 17**
Assessment feedback
Look at the flipchart, repeat select the material to be used at the closing session.

**Session 18** Closing session
Show the flipchart for the family and others.

**Graduation and Diploma**
Improvement in psychological and social competence
Aaron Antonovsky, 1987

To get a good sense of coherence the individuals perceive that

- the stimuli deriving from one's internal and external environments in the course of living are structured, predictable, and explicable (comprehensibility);

  • the resources are available to one to meet the demands posed by these stimuli (manageability);

  • these demands are challenges, worthy of investment and engagement (meaningfulness).
Comprehensibility
Manageability
Meaningfulness

Good profile

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<th>After</th>
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<td></td>
<td>M</td>
<td>s</td>
<td>M</td>
<td>s</td>
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**First - Second test**

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### Days drug-free before testing >= 40

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<th>Maxi</th>
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A group of patients on methadone maintenance

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<td>Years of use</td>
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<td>178.00</td>
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<td>(9)</td>
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<td>2.40</td>
<td>6.60</td>
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<td>(9)</td>
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The methadone group shows a higher mean than the cannabis group, and a profile of H, H, H.

Methadone, however, is not a psychosocial treatment method.

The improvement in sense of coherence in total scores and meaningfulness can be statistically confirmed; nevertheless, compared to the improvement in the cannabis group, the increase is very low.
**SOC  Sense Of Coherence/ Aaron Antonovsky**

Swedish norm 142 – 152 Maria Youth Centre

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**SOC subscales**

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<td>4,44</td>
<td>5,22</td>
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**Difference SOC total, week 1-week 6**

- *(n= 56)*

![Bar Chart](chart.png)

- Vecka 1: 119p
- Vecka 6: 135p

- Vecka 1: (118p)
- Vecka 6: (138p)
**Difference SOC subscales**

**Uppsala**

(n=56)
### SCL-90 Symptom Checklist

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<td>52,1</td>
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<td>55,2</td>
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<td>56,7</td>
<td>51,7</td>
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**Obsessiv-kompulsivitet**

**Mellanpers.se nsitivitet**

**Depression**

**Ångest**

**Vrede**

**Fobisk ångest**

**Parnoidt tänkande**

**Psykoticism**

**Globalt svårighetsindex (GSI)**

**Pos. symptomstörning .index (PSDI)**

**Tot. antal pos. symptom (PST)**
Poly-substance use and antisocial personality traits at admission predict cumulative retention in a buprenorphine programme with mandatory work and high compliance profile.”

Öhlin, Hesse, Fridell and Tätting. BMC Psychiatry 2011

N= 123

SOC all; mean
Day 2 = 118
Month 3 = 135
Month 6 = 140
Month 9 =144
Month 12 =151

SOC; Women N=26, mean
Day 2 =109
Month 3 =131
Month 6 = 138
Month 9 = 143
Month 12 = 151

SOC; Men = 97, mean
Day 2 =120
Month 3 =137
Month 6 = 141
Month 9 =145
Month 12 =150

Significant improvement between day 2 and month 12 for both women and men.
Four processes observed in chronic use of cannabis

1 a: Experimenting with cannabis you will get an acute intoxication and experience the significance of this state in comparison to your normal state of consciousness.

1 b: Smoking cannabis more often than every six weeks creates a shift in consciousness toward being passive, unreflecting, and blunt. The user will gradually adjust to this and it will be a new normal state of consciousness. The significance of the acute intoxication will then be experienced in comparison to this altered state of consciousness. The cannabis user will get a feeling of capacity and a sense of being normal and thereby enabling him to perform different tasks.

In the beginning you smoke to get stoned, but after a while (individually) you have to smoke to be normal and to get a nice feeling.
Four processes observed in chronic use of cannabis continued

2. The influence of the chronic use affects the cognitive processes in such a way that you can't question or criticize your behaviour and will therefore be unable to change it if necessary. This will create a "cannabis pattern", a new identity, which is a continuous ongoing process, so the longer the use continues the stronger the cannabis pattern will grow. We have noticed that it will take around two years of regular use to fully establish a cannabis pattern.

3. Cannabis magnifies negative feelings which the cannabis user can't cope with because of his concrete way of thinking, and this causes anxiety. The only solution left is to smoke cannabis again, in order to get rid of the bad feelings. These feelings do not disappear, they will reappear, and thereby enforcing the urge to continue smoking.
Four processes observed in chronic use of cannabis continued

4. During an overall negative puberty crisis cannabis helps the teenager to screen of the environment. A pseudodevelopment will replace the natural maturity. He will not continue to mature until he ceases cannabis smoking.