Marijuana use, attachment style, and effective treatment planning

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Objectives

1. Participants will develop an understanding of the importance of identifying and treating marijuana use in an individualized manner.
2. Participants will develop an understanding of how attachment style relates to treatment interventions.
3. Participants will understand how to apply new understanding in developing treatment interventions.
Attitudes

- It is just a plant.
- It is not as bad as alcohol.
- You can’t get addicted to it.
- Smoking helps me feel better.
- I am a better person when I smoke.
- There really are not any harms to smoking.

Support for Marijuana Use

First time in history more Americans support legalizing marijuana.

Marijuana and Clinicians

- A recent report by Brown University (2013) indicated that due to the changes in perception of the harm of marijuana use as well as the legalization of marijuana there is a sense that clinicians may be overwhelmed with treating young patients.
- Many estimates indicate that approximately 9% of marijuana users develop a problem (addiction).
Legalization and Use

- Concern that legalization sends the message that marijuana use is problem free.
- Concern leading to increased use.
  - 12.7% increase in marijuana use in Colorado from 2012-2013 (Ingold, 2014).
- Still much research needed to understand implications of legalization on marijuana use.

Marijuana

- Most commonly used illicit substance in the world (Eassey et al., 2014).
- Increase in potency, which has risen from 3% THC content in 1980's to 12% in 2012 (Volkow et al., 2014).
- Concern about relevance of previous studies.
- Significant problem for psychiatric population with 30% of people admitted to psychiatric hospital use marijuana (Bahorik et al., 2013).

Focus on Individualized Factors

- Critical to understand individual differences in marijuana users in order to tailor individualized treatment plans (Hecimovic et al., 2014).
- Focusing on marijuana interventions and enhancement of specific individualized factors might improve treatment outcomes (Chachard et al., 2013).
Attachment Theory

• Attachment theory focuses on the deep enduring bond that connects people over time (Bowlby, 1969).
• Attachment influences many aspects of a person’s functioning including coping, stress, psychological well-being, and behavior (Ravitz et al., 2010).

Bartholomew Model

Attachment Upon Admission

• Two-thirds of clients entering treatment come in with an insecure attachment style (Horton et al., 2012).
• 2015 research (O’Neill, 2015):
  − 36% of psychiatric patients admit with moderate to severe marijuana involvement
  − 75% with an insecure attachment style
  − 33% fearful prototype (high anxiety and avoidance)
  − 28% preoccupied prototype (high anxiety and low avoidance)
  • N = 544
Attachment as a Factor

- Factors such as attachment style may assist clinicians with developing a better understanding of what contributes to barriers in treatment engagement and retention (Fowler et al., 2013).
- Understanding specific attachment style can facilitate customized treatment strategies (Wedekind et al., 2013).

Attachment and Emotion Regulation

- Attachment difficulties are theorized to have consequences for emotion regulation and the ability to develop affect-regulation strategies (Fraley et al., 2013; Mikulincer & Shaver, 2012).

Marijuana and Emotion Regulation

- Tkalic, Sucic, and Devic (2013) found that severe marijuana use was internally generated and motivated by the need to reduce negative emotions.
Coping Strategies

- Goodall (2015) asserted that developing an understanding of the relationship between attachment style and emotions can provide cost-effective treatment interventions focused on explicit teaching of specific coping strategies.

Horton et al., (2012) Study

- Substances users demonstrated more insecure attachment than secure attachment.
- Entering treatment with an insecure attachment warrants continued assessment of attachment style as this is directly related to treatment outcomes.

Attachment Benefits

- Developing an understanding of attachment is essential as higher attachment security predicts better therapeutic outcomes (Lorenzini & Fonagy, 2013).
Attachment Anxiety

- An attachment style dimension described as a pattern of hyperactivation when threatened that leads to an increase in distress and a need for reassurance from others.
- People with attachment anxiety may struggle with developing understanding and articulating the emotions they experience.
- Expects abandonment.
- Linked to several problems with emotion regulation.
- Negative sense of self.

Attachment Avoidance

- An attachment style dimension described as a devaluation of relationships, self-reliance, avoidance of intimacy, and avoidance of dependency on others.
- Individuals with attachment avoidance often separate their emotions from thoughts and actions.
- Tend to withdrawal.
- Reluctant to trust others or seeks out closeness.
- Increases the risk of treatment dropout.

Attachment Measures

- Experiences in Close Relationships-Revised (ECR-R; Fraley, Waller, & Brennan, 2000).
  - http://www.web-research-design.net/cgi-bin/crq/crq.pl
- Relationship Questionnaire (RQ; Bartholomew & Horowitz, 1991).
- Adult Attachment Interview (AAI; George, Kaplain, & Main, 1996).
Jenkins and Tonigan Study (2011)

- Attachment and alcohol use.
- Understanding attachment critical to understanding 12-step involvement.
- Higher levels of attachment anxiety.
- Attachment avoidance was related to less frequent meeting attendance and fewer 12-step behaviors.

Working with Marijuana Users

- Stick to what we know about marijuana.
- Understand individualized factors such as attachment.
- Explore what they are willing to change.
- Focus on:
  - Developing brain (14-26)
  - Motivation
  - Reasons for use

Unhelpful Approaches

- Gateway drug theory- no significant evidence.
- Arguing about the harms instead of educating.
- Making statements that are not backed by research. Many people using marijuana are educated about use and will quote research back at you.
- Telling them that it does not help their mental state- for some it does, but for others it does not.
- Expecting that they will agree to stop.
Resistance

• Is it resistance or a problem with attachment?
  – Refusal to participate in 12-steps.
  – Problems with therapeutic relationship.
  – Difficulty accessing and expressing feelings.

Attachment Security

• Difficult to change, but can access attachment change through emotion regulation strategies.
  – Emotion awareness is key (Monti & Rudolph, 2014).
  – Karreman and Vingerhoets (2012) found that differences in attachment anxiety and avoidance lead to different strategies for managing emotions.

• Marijuana use is often related to a need to regulate emotions.

Addressing Anxiety

➢ Benefit from learning affect regulation skills.
➢ Focus on treatment interventions that address need for closeness.
➢ Assist with emotional reactivity.
➢ Provide support for fear of abandonment.
➢ Coping skills to assist with emotional reactivity.
➢ Key: Relaxation skills, cognitive techniques to reduce stress reactivity, and reduction in emotional distress.
Addressing Avoidance

- Skills that focus on awareness in order to gain better insight into their emotions.
- Strategies that engage the client in a non-threatening manner.
- Unique approach to addressing their need to withdraw.
- Consider tailored approach to "usual and customary practices."
- Use of mindfulness training to improve awareness of emotions, which can enhance attachment security.

Retention

- Attachment styles often go undetected in treatment and is likely a candidate for impairment in the therapeutic relationship (Fowler et al., 2013).
- Ignoring attachment style can contribute to withdrawal from treatment.

Summary

- Marijuana is a problem that clinicians will face on a daily basis.
- General attitudes have changed.
- Learn what the research tells us, educate, and develop a collaborative approach.
- Rapport is essential to the change process.
- Develop an understanding of attachment.
- Use attachment to develop individualized treatment plans.
- Invite people to consider change in a manner that they can own.
- Significant need for new research.
References