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The trend toward state legalization of medical and retail cannabis across the nation presents behavioral health clinicians with unique challenges. As of 2014, a total of 23 states have laws permitting medical marijuana, four states have legalized retail marijuana (NIDA, 2015a), and 12 states have passed laws permitting cannabidiol (CBD) extracts, primarily for the treatment of seizures and certain other debilitating medical conditions (Americans for Safe Access, 2015).

Over the past five years, marijuana use has remained relatively stable among high school students as rates of alcohol and cigarettes consumption have declined significantly; both alcohol and cigarettes are at the lowest levels in the history of the Monitoring the Future Survey (MTF) (Johnson, O'Malley, Miech, Bachman, & Schulenberg, 2015). The 2013 MTF Survey noted that [increases in use are often preceded by decreases in perceived harm](#) (Johnson et al., 2014). About 36% of high school seniors viewed regular marijuana use as risky in 2014, down from a rate of 52.4% in 2009. These changing attitudes about marijuana use warrant concern and monitoring.

Given the current climate of conflicting messages and changing policy related to marijuana, counselors need both sources of reliable information and effective strategies to guide their interventions as they talk with clients about this controversial subject. The purpose of this article is to describe how Motivational Interviewing (MI) strategies can inform clinical conversations about cannabis use, with a focus on the Elicit – Provide – Elicit (EPE) model as one potentially useful tool.

### THEORETICAL FOUNDATION

Research in the field of Motivational Interviewing has highlighted the importance of attending to the relational context in which treatment for substance use disorders is delivered (Miller & Moyers, 2015.) Engagement, accurate empathy, and therapeutic alliance contribute to better treatment outcomes for clients when combined with fidelity to the specific communication skills that comprise MI (Miller & Rollnick, 2013). Clinicians attend to the therapeutic relationship through the foundational aspects of the Motivational Interviewing spirit:



The client and the counselor work together as the client considers behavior change, with an emphasis on counselor respect for the individual's pace and perspective. The counselor uses strategies to elicit the client's own desire, ability, reason, or need to change, and uses reflective listening to provide an opportunity for the client to clarify their values, priorities, concerns, and goals.

Ambivalence, defined as having mixed or contradictory ideas about something, is viewed as a natural step in the change process. In a conversation about change, an ambivalent person will naturally voice reasons to stay the same (*sustain talk*) and reasons to change (*change talk*) (Miller & Rollnick, 2013). Think about a significant lifestyle change you've made in your life, whether it was cancelling your cable subscription, eating better, exercising more, deciding to return to school, or quitting smoking. Before you made the decision to change, you probably experienced ambivalence, and once your reasons for changing became stronger than your reasons for staying the



same, you might have decided to change your behavior in some way. The change process is similar for people in treatment for substance use disorders.

**CASE SCENARIO**

Consider a 19-year-old young man named Eric, who has been struggling with the transition from high school to community college. School was easy for him up until 7<sup>th</sup> grade. By the time he entered high school, he started to have trouble keeping up and he was diagnosed with mood and anxiety disorders. Eric started experimenting with marijuana in middle school, and has been smoking daily since high school. You have been working with him on strategies to support his success in college, including using self-talk and adjusting his study habits. Yet, he continues to struggle and you would like to talk with him about how marijuana might be affecting his ability to succeed in school.

**ENTER ELICIT – PROVIDE – ELICIT**

As practitioners, we need a way to share information with our clients to assist them in changing harmful behaviors while respecting their autonomy to choose if, when, and how they will change. Giving advice or making suggestions is likely to elicit pushback from clients (Miller & Rollnick, 2013). Even in the absence of active resistance, client replies to well-meaning clinician-generated solutions might sound like, “I’ve already tried that” or “That won’t work for me” or “Sure, I’ll try that” followed with inaction.

The concept of EPE is to maintain the dialogue-driven approach of Motivational Interviewing in the context of education by evoking first the person's existing knowledge, and then their thoughts regarding any information you share. The initial step helps practitioners to avoid sharing information the client already knows, honors their expertise, and is a respectful way to ask permission to share material (Miller & Rollnick, 2013). Examples of questions include:

- “What do you already know about \_\_\_\_\_?”
- “What would you like to know about \_\_\_\_\_?”
- “May I share some information with you about \_\_\_\_\_?”

Following this initial phase of evocation, the practitioner moves to providing information, sharing one piece of information at a time, using clear language. The final step of EPE involves evoking the client’s thoughts and reflecting their reactions (Miller & Rollnick, 2013). This step elicits the client’s “understanding, interpretation, or response” to what was said (Miller & Rollnick, 2013, p. 145) and gives them time to consider how the information applies to their specific situation.





**ELICIT:**

- *Existing knowledge:* “What do you already know about how marijuana might affect the goals you’ve described?”
- *Interest:* “What about marijuana’s effects on you might you be interested in discussing?”
- *Permission:* “Would it be OK if I share some information with you about marijuana and how it can affect you?”

**PROVIDE:**

- *Affirmation:* “You’ve already been wondering what role marijuana might have in some of these difficulties.”
- *Information:* Share one piece of information at a time, choosing facts that are relevant to the client’s interests.
- *Autonomy support:* “I am here to help; you get to decide what to do.”

**ELICIT:**

- *Reaction:* “What do you make of that?” or “This surprises you”
- *Additional questions:* “What else might you be interested in learning more about?”
- *Next steps:* “What might be the next step?”

**ERIC AND EPE**

Here’s what a conversation might sound like if Eric’s counselor used EPE to share information with him about the impact of THC on his memory:

- ERIC            “I’ve been setting aside time to study and being more focused on what I’m studying so I can do well on tests, but I’m still not doing as well as I’d like.”
- COUNSELOR   “You’ve been making the changes to your studying and it’s still not getting you good scores on exams.”
- ERIC            “Yes. And it’s frustrating to work so hard and not see the grades. My parents think I’m not working at all and they keep threatening that they won’t help me with school if I don’t get good test scores. Even though I’m in college they *still* ask me about my grades. I’d like to be able to tell them I got a B, or even an A.”
- COUNSELOR   “The tests are important to you and your parents. If you can figure out how to get those scores up, the impact could be big.”
- ERIC            “Yeah. If I told my dad that I got a B on an English test, he wouldn’t give me so much trouble when I ask him for gas or food money. It’s been tense between us and I don’t like it.”
- COUNSELOR   “Not only would *you* feel better if your efforts to study paid off, but it would also reduce the stress level in your house. *Everyone* might feel a little better.”



- ERIC "Right. It would be nice if everyone was happier."
- COUNSELOR "So far, you've adjusted your study habits, and you've been using self-talk to motivate you to study. I'm wondering what role smoking weed might be playing in this."
- ERIC "Smoking helps me to focus. It's hard for me to study without being high."
- COUNSELOR "Up until now, you've always smoked before you studied."
- ERIC "I usually smoke weed after class with some friends, and before I go home to study."
- COUNSELOR "That's been your routine."
- ERIC "Yes."
- COUNSELOR "I wonder if it would be OK for me to share some information with you about how studying while high could be contributing to your low test scores." *[ELICIT: ASKING PERMISSION]*
- ERIC "Sure."
- COUNSELOR "Take a look at this [diagram](#). It shows cannabinoid receptors in the hippocampus, which is the part of the brain that helps in forming memories (NIDA, 2015b). THC alters the way that information is processed. *[PROVIDE INFORMATION ONE PIECE AT A TIME]*  
What do you think about that?" *[ELICIT REACTIONS]*
- ERIC "I always thought smoking weed helped me study. This is saying it could be getting in the way."
- COUNSELOR "It could be. Studying while high could be making it more difficult for you to recall information when you need to. Like when you take tests, for example." *[REFLECT REACTIONS BEFORE MOVING ON]*
- ERIC "That might be why I'm not doing well even though I'm studying so hard."
- COUNSELOR "It could be. You have been working hard to prepare for exams and weed could be acting like a roadblock, getting in the way of your ability to recall what you studied when you need it most."
- ERIC "I haven't thought of it like that before."
- COUNSELOR "This is new information to you and you're not sure what to do with it."
- ERIC "Yeah, I wouldn't know how to stop. My friends and I always smoke after class. I like being able to hang out before I go home to study."
- COUNSELOR "On one hand, smoking weed is what you do with your friends, you enjoy hanging out before you hit the books, and on the other, you're feeling pressure to get better grades, and you'd like to see some payoff for your hard work."



ERIC “Right. I’ve got to do well in school so I can get a good job where I can move out of my parents’ house and earn my own money.”

COUNSELOR “This is very important to you. Let’s talk more and see what we come up with.”

Notice the flow of the conversation between Eric and the counselor. Time was taken to reflect Eric’s reactions, giving him the opportunity to digest small pieces of new information and the potential impact on his goals to do well in school. EPE can be used in a variety of situations and settings, and makes it more likely that the material shared will be heard by the client in a way that results in behavior change.

Eric succeeded in changing his use of marijuana. He no longer smoked when he needed to study because his goal of earning a degree in computer science was very important to him. It meant independence, freedom, and the ability to support himself. Eric smoked on the weekends occasionally and through sustained engagement in treatment, he found other ways to manage his stress and bond with friends, which were his main reasons for smoking marijuana.

### **CLOSING THOUGHTS**

Although the long term consequences may be less dire, cannabis use disorders seem to be similar in course to other substance use disorders (NIDA, 2015b). Motivational Interviewing tools and strategies, such as EPE, are likely to engage clients in meaningful and respectful conversations where they can evaluate if, how, and why they might make changes to behavior. Our knowledge of the effects of cannabis is ever-expanding as more research is being conducted on the potential medical benefits and harmful consequences of marijuana use. It is imperative for clinicians to (a) stay current with the latest developments in the field, and (b) effectively convey information to clients to support healthy behavior changes. Material from the websites below might help busy practitioners to stay “in the know” and offer resources to engage clients using multimedia platforms.

### **ADDITIONAL RESOURCES**

Listed below are a few resources that might be helpful in sharing information about marijuana with adolescents and adults. The material may be shared directly with clients using the EPE model.

- **National Institute on Drug Abuse (NIDA): *Research Report Series: Marijuana***
  - <http://www.drugabuse.gov/publications/research-reports/marijuana/letter-director>
  - This document is a summary of the current research literature on cannabis and is updated frequently. The information is presented in understandable language.
- **NIDA for Teens: What is Marijuana?**
  - <http://teens.drugabuse.gov/drug-facts/marijuana>
  - This website is designed for teenagers seeking information about a variety of drugs. It has interactive features including blog posts and videos.
- **Addiction Technology Transfer Center Network (ATTC): *Marijuana Lit: Fact-based information to assist you in providing SUD services***
  - <http://attcnetwork.org/marijuana/index.aspx>
  - Videos, articles, infographics, and links that are useful to clinicians in educating individuals about the impact and effect of marijuana use.



- **University of Washington Alcohol and Drug Abuse Institute: *Learn about Marijuana: Science-based information for the public***
  - <http://learnaboutmarijuana.org/>
  - This library contains clearly presented material in the form of fact sheets, links, and summaries on topics for parents, adolescents, adult consumers, and clinicians, in addition to information on policy, law, and research.

More information about EPE and Motivational Interviewing may be found in Miller & Rollnick's 2013 book, and in the "[MI Resources](#)" section of the Motivational Interviewing Network of Trainers website.

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