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REVIEW ARTICLE

"Reports of an Addiction:" Therapeutic Intervention with a Young Adult with Cannabis Dependence

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Abstract: ***Background* and *Goals*:** Cannabis is the most widely illicit substance around the world. Treatment success is predicted by different factors, among which, motivation for changing the behavior is one of these factors. Therefore, identifying the client's readiness to change is important. Working with clients that are in precontemplation stage of change constitutes a big challenge for therapists.

***Methods*:** In this paper, we present the case study of João, a young adult with cannabis use disorder, comorbid with social anxiety. The therapeutic intervention followed the principles of motivational interviewing, highly recommended with clients less ready to change. It also combined techniques from cognitive-behavioral therapy and narrative therapy, to help separate the client from the problem, thus helping him to construct a more fulfilling life. Throughout the article, the subjective viewpoints of the client will be highlighted, in the form of micronarratives written by the client, suggested as therapeutic tasks.

***Discussion*/*Results*:** Several challenges were faced while addressing resistance and ambivalence, early on and throughout treatment. João dropout in the 23rd session, after achieving some therapeutic gains. Changes in his self-talk, documented in the micronarratives, served as indicators that his relationship with cannabis started to change. The therapeutic tasks suggested were important in helping him to increase motivation for change and to write new paths for his life.

***Conclusion*:** It is crucial to adjust the therapeutic interventions to the client's readiness to change, and continuously reflecting about the therapeutic process, addressing moments of disengagement, early on, to increase the probability of behavior change.

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1. INTRODUCTION

Cannabis is the most widely used illicit substance around the world, with a high prevalence in males (Degenhardt *et al*., 2013). The major risk for the initiation of cannabis is between ages 14 to 20 (von Sydow *et al*., 2001). In Portugal, 1.2% of the young adults show symptoms of cannabis dependence (SICAD, 2015). The predominant pattern of cannabis is described as "transient recreational use" with a high rate of spontaneous remissions between ages 23 and 30 years (Liebregts *et al*., 2013; von Sydow *et al*., 2001). Thus, distinguishing between occasional substance use and dependence may be difficult (Bally, Zullino, & Aubry, 2014). Accordingly, counsellors working with general populations are finding themselves treating individuals with substance use, abuse, and dependence issues (Clark, 2014).

Cognitive-behavioral interventions (CBT) are promising for cannabis use disorder. CBT takes into consideration the role of cognition, behavior

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and environmental factors that lead to drug dependence. Although it is a valuable tool, it is not a foolproof approach towards addressing substance addiction (Clark, 2014).

Treatment success is predicted by factors as the severity of the addiction, global functioning before the use of cannabis, the presence of other psychiatric disorders, and the motivation for changing behavior (Lincour, Kuettel, & Bombardier, 2002). Therefore, to optimize treatment success, therapeutic interventions should not only follow evidence-based protocols, but also attend to the needs and characteristics of individuals who seek help, and to consider the readiness to embark on behavioral change. Recent research has focused on the integration of approaches such as motivational interviewing for the treatment of substance-related issues (Clark, 2014, Moyers & Houck, 2011), and the transtheoretical model of Prochaska and DiClemente (Bishop, 2002). The model suggests that everyone changing any behavior, goes through six stages of change: 1) pre-contemplation; 2) contemplation; 3) preparation; 4) action; 5) maintenance and 6) termination (Bishop, 2002).

This article will use a case report to illustrate the integration of therapeutic approaches, including the Stages of Change and Readiness for Change models, together with narrative therapy in the treatment of a young person with cannabis dependence.

2. CHANGE

According to Bishop (2002), therapists working on addictive behaviors find three types of clients: those who claim that they do not have a problem; those who think they may have a problem but do not know what to do about it; and those who know they have a problem and want to prevent future lapses and relapses. These clients can be understood in further subdivision in accordance with the transtheoretical model of Prochaska and DiClemente (Bishop, 2002).

In the pre-contemplation stage, the client either does not identify a problem or has tried unsuccessfully to change his problem, to the point of being resigned to it. In both the contemplation and preparation stages, clients are ambivalent. They face an intra-psychic conflict - *I want to, I don't want to change* -, but either they do not attempt to change, or they have tried and failed. The last three stages are characterized by wanting to change and seeking help to limit relapses (Bishop, 2002). It is common for a person to go through this process several times before stable change is attained (Miller & Rollnick, 1991).

Working with clients in the pre-contemplation stage who do not recognize the need for treatment or show no motivation for it, is a challenge for therapists (Lincour *et al*., 2002). This is also true for clients who are ambivalent about change, and who are likely to demonstrate resistance to the treatment process and therapeutic tasks. Therefore, it is critical to identify the stage of readiness for change that the client is in, to better design and conduct the therapeutic intervention.

3. MOTIVATIONAL INTERVIEWING FOR CLIENTS IN THE PRE-CONTEMPLATION STAGE OF CHANGE

Motivational interviewing (MI; Miller & Rollnick, 1991) is a collaborative, client-centered directive method for enhancing intrinsic motivation to facilitate behavior change (Bishop, 2002). MI focuses on exploring and resolving ambivalence about changing behavior and centers on motivational processes within the individual that facilitate change. MI is grounded in a respectful stance with a focus on building rapport in the initial stages of the counseling relationship; change is not imposed. The main elements characterizing MI include the expression of empathy for the client's situation, developing an awareness of the discrepancy between the desired behaviors and the actual behaviors, avoiding argumentation, rolling with resistance, and supporting the client's self-efficacy (Bishop, 2002). One of the goals of MI is to evoke "change talk", or statements made by the client that reveal consideration of, motivation for, or commitment to change. MI has been extensively studied in controlled clinical trials and has demonstrated efficacy in problems with alcohol and drugs, and improving diet and exercise (Lundahl & Burke, 2009).

4. COMBINING MOTIVATIONAL INTERVIEWING WITH NARRATIVE THERAPY STRATEGIES

Narrative therapy (NT) is a nonconfrontational, collaborative approach that places the client in the

role of an expert of his or her own life. It uses a variety of techniques to deconstruct and subvert the dominant narratives troubling clients, separating the person from the problem (White & Epston, 1990), to help make sense of the past, attain control over the problem, and thus helping to construct a future with more opportunities. Change is therefore dependent on changing the relationship individuals have with the problems in their lives (Oshman & Combs, 2016).

Micronarratives and other written exercises are being used to better understand processes of behavior change and relapse in substance use and abuse (Ellingstad, Sobell, Sobell, Eickleberry, & Golden, 2006; Hanninen & Koski-Jannes, 1999; Helvig *et al*., 2006; Stephenson, Laszlo, Ehmann, Lefever, & Lefever, 1997). Micronarratives are autobiographical stories that focus on specific events (Gergen & Gergen, 1988). They represent the person's subjective evaluation about the event, and are accurate representations of people's subjective perceptions. These stories may not be veridical, in that people often selectively construct, retrieve, and distort narratives to fit their self-concepts, but they do represent what the person believes, which is important (Baumeister, Stillwell & Wotman, 1990).

Combining MI with NT strategies could augment the efficacy of either one alone (Oshman & Combs, 2016). Both MI and NT share some characteristics (*i.e*. client's knowledge and skills occupy a central role; therapist and client share responsibility; there is an emphasis on small manageable steps that make sense within the client's world view). At the same time, both strategies complement each other: MI adds clarity and simple rules for working with clients who are not ready for or ambivalent about changing behavior, while NT helps clients deconstruct the narrative they are stuck in, so they can see new opportunities for their lives.

Accordingly, we present a case report of a Portuguese adult, who was diagnosed with a cannabis use disorder, co-morbid with social anxiety (American Psychiatric Association [APA], 2013). The therapeutic intervention followed the principles of motivational interviewing, combined with strategies from cognitive-behavioral therapy and narrative therapy.

We will guide readers throughout his process of change, and reflect upon the challenges faced while addressing resistance and ambivalence, early on and throughout the treatment. Also, throughout the article, we will highlight the subjective viewpoints of the client in the form of micronarratives (therapeutic tasks suggested), and reflect on how these exercises were useful in separating the client from the problem and thus helping him to construct a more fulfilling life. In addition, we will reflect about the gains and the setbacks of the therapeutic process, that unfortunately resulted in an early drop-out.

5. CASE STUDY

João (fictitious name) is a 24-year-old man, who is neither employed nor in education or training. He sought counselling with the first author of this article due to an ultimatum from his mother, who was worried about his lack of goals and cannabis use. The client was informed about the possibility of publication about his treatment and signed a consent to participate and use his data for publication purposes. Furthermore, all personal information was altered to guarantee confidentiality and data protection.

João lives with his parents, a middle-aged couple, from medium-low socio-economic background. He has three siblings, two of whom are teenagers. He is the second oldest sibling. He never managed to finish high school.

For João, using cannabis was not the problem, but anxiety was. Since the last two years and, especially in the last two months he started having difficulties in managing anxiety and sleeping, procrastinating about small things as going to the supermarket or searching for study course or jobs. He reports also lower self-esteem and lack of interest in playing sports, something that he had formerly enjoyed very much in the past.

João estimated that he was spending 70% of his day under the influence of cannabis. He was using it daily, alone or with friends. He started consuming cannabis via cigarettes (joints) with his friends when he was 16 years old. His ex-girlfriend had also problems with cannabis. The relationship ended one year ago. João also smoked cigarettes. He reported he did not have other addictions nor

were there any known addiction problems among family members.

6. PSYCHOLOGICAL ASSESSMENT

In the sessions, João presented himself with a smile, talking fast, being somewhat theatrical, ignoring some questions and showing some hyperactivity (*e.g*. frequently getting up from the chair to explain things). Also, he always came late to the sessions, possible indicators of resistance towards the therapeutic process.

To assess João's psychological well-being we used the Symptom Checklist 90 (SCL-90), a psychiatric self-report inventory (Derogatis *et al*., 1977). Distress levels were moderate to high. João's levels of phobic anxiety were in a clinical range. This suggested that he was suffering from a clinical anxiety state, or an anxiety induced by cannabis use, thus explaining the avoidance of situations, or escaping behaviors. Levels of obsessive-compulsive symptomatology were also in the clinical range, showing difficulties in decision making, concentrating, and remembering, feeling blocked to do things. These difficulties could have been secondary to anxiety or consequences of cannabis use disorder. Scores on the dimension of interpersonal sensitivity were also in the clinical range. Self-depreciation and discomfort during interpersonal interactions were endorsed.

For a comprehensive assessment of João's personality, we further used the Revised NEO Personality Inventory (NEO-PI-R), adapted to the Portuguese population (Costa & McCrae, 2000). Overall, João was prone to psychological distress, showing some difficulties in coping with stress. He seemed to have difficulties in resisting any urges or desires, lacking self-control, explaining his susceptibility for substance use and other risk behaviors. Regarding his interpersonal interactions, he showed a tendency to be carried away by his feelings, swinging rapidly from one mood to another, and getting easily angered. He seemed to have difficulties in trusting others. Embarrassment or shyness when dealing with people is a problem, since he is self-conscious. He tended to feel inferior, and had difficulties in being assertive. On the positive side, João was reliable in meeting his obligations, and able to tolerate uncertainty. However, he had poor self-discipline and difficulty completing tasks.

7. DIAGNOSTIC FORMULATION

João met APA DSM-5 criteria for cannabis use disorder (American Psychiatric Association, 2013). He had a problematic pattern of cannabis use for more than a 12-month period, characterized by larger amounts of cannabis intake, and the craving and urge to use it. The use of cannabis was impairing and causing distress in different life domains. Nevertheless, João did not identify the need to change his behavior, thus being in a precontemplation stage of change.

Additionally, we hypothesized that he has a comorbid social anxiety disorder, since he presented a range of social anxiety symptoms for more than 6 months (American Psychiatric Association, 2013). According to the APA DSM-5, social anxiety disorder can precede other disorders, as substance use disorder, and it is common in men (American Psychiatric Association, 2013). João seems therefore to present a marked fear or anxiety about social situations, where he feels exposed to possible scrutiny. As so, he avoids or endures with intense fear or anxiety those social situations.

8. CASE CONCEPTUALIZATION

The onset and escalation of drug use is associated with multiple demographic, social, psychological, personality, and family related factors (Haug, Núñez, Becker, Gmel, & Schaub, 2014). These factors increase the risks of developing mental disorders (Degenhardt *et al*., 2013), common among individuals with cannabis use disorder. João had many of these risk factors throughout his life course. One of those factors relates to the developmental period that he was in when he started using cannabis (16 years old), a time characterized for heightened experimentation with risky behaviors (Haug *et al*., 2014).

Social and family environments play also an important role in drug use (initiation, continuation, and quitting). In João's case, certain parental aspects, as low monitoring, and permissive parenting style, may have contributed to contact with deviant peers, thereby contributing to cannabis consumption. His peers and former romantic partner frequently consumed cannabis. Liebregts *et al*. (2013) reports, in fact, that common interests in drug use and shared experiences appear essential for finding and maintaining steady relationships.

Furthermore, João's adolescence was characterized by successive academic failure and truancy. These two factors plus peer pressure are referred in literature as factors for the onset of cannabis use (Haug *et al*., 2014; Liebregts *et al*., 2013).

Moreover, the deficits presented in the ability to modulate emotions and behaviors, when dealing with stress, are found to be related to drug initiation (Haug *et al*, 2014). Additionally, personality traits such as sensation seeking, and impulsivity might explain the tendency to seek peers with similar interests who further encourage risk-taking behavior. Finally, João had a history of nicotine dependence from early age, which is predictive of cannabis use (Haug *et al*., 2014).

The literature reports that most individuals who seek help have at least two Axis I disorders in addition to cannabis dependence (Norberg *et al*., 2012). Anxiety disorders and mood disorders are more common than psychotic disorders, childhood disorders, and substance use disorders other than cannabis (Norberg *et al*., 2012). The same authors found that cannabis dependent young males are more likely to present with social anxiety. This seems to be true in João's case. Moreover, the loss of a romantic relationship seems to have led him further in a spiral of demoralization and anxiety, questioning his value and past choices. Also, the difficulties arising from drug use, such as amotivation, procrastination, lacking self-confidence, lacking goals, among others, further contributed to an increase of fear, thus leading to social avoidance.

Cannabis seemed to be used as self-medication for social anxiety. When smoking cannabis, he felt the euphoria and disinhibition that are the short-term effects of delta-9-tetrahydrocannabional (THC), the principal compound of cannabis. However, the symptoms of substance intoxication or withdrawal may also be a source of further anxiety and social fear, reinforcing the self-image of "*I'm not worth it"*.

Beyond all that, cannabis intoxication effects were leading to consequences in João's health (mental and physical), namely exacerbating pre-existing respiratory problems (*i.e*. he suffered from asthma since he was 7 years old). Additionally, João presented difficulties in some cognitive functions, as attention and decision-making (as reflected in the SCL-90). Studies report, in fact, that the regular use of cannabis may result in poor neurocognitive functioning (Ellingstad, Sobell, Sobell, Eickleberry, & Golden, 2006; Gonzalez, Schuster, Mermelstein, & Diviak, 2015; Lisdahl, Wright, Medina-Kirchner, Maple, & Shollenbarger, 2014).

Moreover, decision-making seems to be both a key factor in the magnitude of the problems experienced from cannabis use, as well as a pre-existing risk factor for development of cannabis addiction, as stated by Gonzalez *et al*. (2015). Therefore, João's poor decision-making ability, plus his sensation seeking and impulsivity, could explain why immediate rewards were preferred even if at the expense of longer-term negative outcomes.

9. THERAPEUTIC INTERVENTION

The therapeutic intervention occurred in 23 sessions, scheduled first weekly and, after some time, scheduled every two weeks. The intervention followed the principles of motivational interviewing of Miller and Rollnick (1991), combined with cognitive-behavioral techniques such as cognitive restructuring, and some narrative therapy methods (White & Epston, 1990).

The therapeutic intervention had the following aims: 1) enhance the intrinsic motivation towards the change of cannabis use pattern; 2) enhance ambivalence and strengthen commitment towards change; 3) develop a lifestyle modification; 4) co-create a new narrative about drug use and his life; 5) develop coping strategies to manage anxiety; 6) enhance problem-solving skills and decision making to help stall the escalation of cannabis use; and 7) develop self-confidence and assertiveness.

10. INTERVENTION PROCESS

Establishing a positive therapeutic alliance and increasing intrinsic motivation was one of the core elements that guided the intervention, and characterized the first sessions. In this regard, and since João was not contemplating changing his cannabis addiction, we started working towards understanding and managing anxiety, as this was what he acknowledged as being the problem. Between the 3rd and 4th session, we gave him feedback about the assessment, his cannabis use pattern and the behaviors that had led to his addiction (predictors, personality traits, life events). Bishop (2002) states that, in fact, understanding the behavior from the

early stages can motivate the client to work on change and to regulate it more effectively.

In the 5th session we confronted João with our perception that we were dealing with a high risk of an early dropout from the therapeutic process, given his personality traits, extrinsic motivation, and manifest resistance. At that moment, he admitted having thought about quitting after the 3rd session, but choosing not to, since "it would be a mistake." After this 5th session, João's behavior changed, becoming less histrionic, and more genuine. He started being more collaborative, doing the assignments suggested and coming in on time to the sessions.

In João's case, the 3rd and 5th session represented important moments towards the process of change. As Soares pointed out (2007) these two moments could lead the therapist to reflect about and redirect the intervention towards client's goals.

Another significant part of this intervention stage was to help João figure out what he was he saying to himself to make him so resistant to change. Beliefs such as "this is not serious enough to require treatment," "the therapist will tell me if I need to stop," and "I cannot do it right now," among other beliefs, led him to postpone the treatment and fed the pattern of addictive behaviors. Similar irrational beliefs have been described (Bishop, 2002, Ellingstad *et al*., 2006).

When João admitted having a problem and recognized the importance of reducing cannabis intake (after the 5th session), we started working with an ambivalent client. The aim was to enhance the ambivalence and strengthen the commitment towards change, thus helping him get from stages of contemplation / preparation to stages of action and maintenance of behavior change. To achieve this purpose, we suggested some written exercises, with various goals and themes. We advised him to write without worrying about making mistakes. These written exercises were, indirectly, serving the purpose to support his self-efficacy and involvement towards the process.

The first written exercise aimed to understand the activating events for cannabis use, the preceding thoughts, the feelings, and the actions that follow it. It also served the purpose of behavioral self-monitoring. João brought for discussion the things he wrote. This allowed us to assess some thinking errors, and to identify some strategies for handling negative thoughts using cognitive restructuring techniques. João chose to call to his assignment "Reports of an Addiction." The name that he gave to the task was important, since it categorized, in a simple way, the problem he was facing.

One of the stories reported two different angels inside his head, one saying that he could and should resist to the desire to use cannabis, and the other telling him that he would never be able to change his addiction, thus reflecting his internal struggle.

The activating events for cannabis use were: feelings of anxiety and/or shame in social situations and being alone with his thoughts (*e.g*. regrets, lack of goals).

Questions such as, "What do you want?" "What are you doing for that?" and "What are you getting as results?" were posed to instigate reflection and to increase João's ambivalence to a point that he started changing his behavior. Bishop (2002) argues that these questions could help people acknowledge their responsibility towards choices, and reinforce their self-efficacy.

Moreover, we analyzed the positive and negative effects of using and not using cannabis, over time. This exercise is important since it uncovers the reasons for continuing having the addictive behavior (Bishop, 2002, Ellingstad *et al*., 2006).

Furthermore, to continuing developing discrepancies, we used the harm reduction strategy described by Bishop (2002). Although João was not ready to stop using cannabis, he was prepared to reduce the harm (*i.e*. health wise), and, more importantly, he was worried that his younger brother would follow the same path.

After the 6th session, João asserted the need to develop a plan for reducing cannabis use, since *"I'm feeling dependent, as people feel dependent from alcohol."* Subsequently, he designed a plan to reduce cannabis use. To increase the odds of maintaining the plan (Bishop, 2002), we worked on making it realistic and reasonable (answering questions as what, how, where, when, the exceptions to use, with whom, where he would not use it). For instance, João wanted to avoid using can-

nabis after psychological sessions and when going for a coffee.

Reflecting about his commitment towards the plan and how he intended to keep it, was of great importance (Bishop, 2002). At this moment, João acknowledged that he was afraid that by admitting having a problem with cannabis use, his friends would think less of him and would refrain giving him easy access to the drugs, something that he was not prepared for.

Afterwards, we worked together towards promoting skills to better cope with the urges and to stick to the plan. Some of the strategies suggested were recalling positive and negative consequences and using distraction techniques (Bishop, 2002). Moreover, we also worked in relaxation and assertiveness techniques (*e.g*. saying no, defining boundaries, expressing feelings and thoughts).

For João, the major obstacle to keep to his plan was thinking that he was getting better, feeling more in control, and thus quitting the therapeutic process.

To further develop discrepancies between what João wanted and what he had, we continued suggesting other written exercises, micronarratives, about the reflections made on session and about some significant moments of his day. Therefore, besides the "Reports of an Addiction", he wrote "The beginning of Reuniting with Myself" (7th session), "The Compass of Life" (9th session), "A Past So Present" (12th session), and "Dreaming with Reality" (13th session). Those micronarratives and the titles given by him, encapsulated his perceptions of the present, past and the future.

In the narrative "The Beginning of Reuniting with Myself" he wrote "*I tried to resist the urge to smoke a joint, and I managed to do that*". He also acknowledged the effects of cannabis use in other friends, admitting not wanting to behave in the same way. He described being "*more aware of the problem. I dare to say, that this is the beginning of the reunion with myself*".

Also, João reported that he was trying to set goals for the everyday, refraining to smoke cannabis. About this he wrote, "This makes me feel motivated (...)I have the wish to grow as a person, and accomplish goals and destroy barriers that come in between(...)".

In the same narrative, he referred to the therapeutic process as helping him to regain confidence. This reinforces the importance of a secure therapeutic relationship between client and the therapist, in altering the client story (Richert, 2003).

Meanwhile, we addressed João's lifestyle. João resumed some physical activities that had helped him to manage anxiety and improve his well-being. He also became more proactive and began going out from home more. He started going to classes (driving lessons) and managed to not smoke cannabis while doing it. He described feeling closer to his family and sharing activities together.

At the ninth session, he brought in another narrative called "*The Compass of Life"***.** He talked about the challenges of a small job he started and the benefits of it, especially in terms of his own self-image: *"the craving for smoking cannabis was decreasing and after two days I managed to concentrate more on what I was doing. I learn to do (...). I know these things are small, but they are big steps for me."* He felts proud of himself for not quitting the job, and for managing anxiety while doing it. He states that the joints *"are holding my life back* (…). *I need to get strength to completely let go of freakiness"*.

His narrative "The Compass of Life" showed a change in the way he felt himself relating towards others, as feeling more confident ["*I can make them laugh with my jokes, which makes me happy. Also, I am more critical, I say what I think, I share my opinions*"].

Nevertheless, he also reported feelings of confusion and the fear of having another setback ["It was with some regret that I returned to the routine of doing "nothing" and going to Joe's house for smoking joint's". Lately, when I get there, I forget everything, and it makes me somehow confused. It is a case to ask where is the compass of life"].

All this reinforces that change is a process, involving going forward and backward, struggling with somehow contradictory feelings. Sometimes João believed that it was possible to get out from this cycle, but other times he lost hope and became demoralized. The therapist's role is to help the client avoid the feeling of discouragement, and continue increasing the weighting towards change,

getting back to action and to maintaining the efforts.

Around the tenth session, João's speech started to be full of contradictions (wanting vs not wanting to change), concomitant with improvement in his social network. This led to a setback. He started smoking more than usual and returned to the initial pattern of coming late to therapeutic sessions, and to the driving lessons. The self-consciousness about this behavior was important since it opened spaces to continue working towards the anxiety felt in social domains.

In the 11th session, João started to question the reason he continued using cannabis: "Sometimes I wonder if having friends around is what makes me enjoy smoking joints or because with them I can easily satisfy the desire to smoke." This was an important statement made by the client that gave an opening for changing his behavior. He continued writing about this subject, giving his narrative the name "A Past So Present," and bringing for further reflection in the 12th session: "For a long time I have been hiding myself behind the joints. It was what made me feel happy again, helped me not think about disappointments…"].

Moreover, João started changing his self-talk in the way he spoke about cannabis "Even if I smoke, I know that I need to face my problems, not thinking that smoking will "erase" everything from my memory." He began to identify changes in himself: "I learned to set goals, and above all I try to reach them. They make me feel alive! Step by step things are making more sense".

"Dreaming with Reality" was the narrative that he wrote and brought to the thirteenth session, imagining a life without cannabis and what he needed to do for it to happen. In his writing, he set goals, as a way to reduce cannabis use. He started acknowledging that there are things that he can do, in terms of behaviors, which will lead to different results: "*It would be nice to get back to school, not only because again I would be using my brain, but also because I could make new friends*".

Around the 14th session, we started working to define other life goals. Now he could stop and go for days without smoking cannabis. After this session, he started searching for schools and returned to study, to finish high school. In this context, teachers reinforced him, namely for the ability to mentor his colleagues. After 3 months, he did not get the grades he expected. He felt angry and sad. Also, he had failed the driving test. This was the last session with him. After the 23th session, he dropped out, without revealing his intention. We tried to get in touch with him, without success.

11. DISCUSSION

11.1. Therapeutic Gains and Prognosis

Several factors can influence cannabis users to refrain from use. In the study conducted by Ellingstad *et al*. (2006) with long-term cannabis users, the most common factors were: developing a different perception about cannabis, the negative personal effects, avoiding situations that lead to cannabis use, changing lifestyle, and developing non-cannabis interests.

In João's case, the young adult who could not leave home due to anxiety, started embracing new projects, such as driving lessons and a job, changing his lifestyle (physical exercise and healthy eating) and developed other interests besides cannabis, as starting to study. Also, his relationship with cannabis started to change, as he identified the consequences of it. He also reconnected with his family. He started feeling more self-confident, more able to express himself and to make decisions. These same achievements represented some of the protective factors that João had, to help further succeed in the future.

Nevertheless, João has some risk factors, due to internal and external elements. His social network (friends he admires, but who use cannabis often and allow him an easy access to it) and the frequent contacts with people that knew him "in the shade of cannabis", represent some of the external risk factors. Moreover, personality factors, as being impulsive, having difficulties in taking decisions and in coping with stressful situations, could represent a major challenge.

11.2. Final Reflections

João's ambivalence and the course of his treatment, including his early drop-out from therapy are not unusual among individuals with addictive behaviors. Acknowledging this, it is also important to highlight the need to reflect about the challenges faced in the therapeutic process—a process

that is frequently marked by pauses and setbacks, and that is influenced by different variables from both client and therapist. Therefore, the last thoughts of this article will be at the light of client's and therapist's perspective.

11.3. João's Perspective

One of the key aspect of therapy was helping João to increase his motivation for change. From João's subjective view we can document some changes in his talk, which are good predictors of behavior change.

João started in the therapeutic process not willing to address the cannabis dependence. After the 5th session he started becoming more intrinsically motivated, but still ambivalent. He started taking small steps. However, the change process sometimes leads to fear, and fear can increase ambivalence and resistance. High ambivalence about change negatively affects clients' commitment to and engagement in therapy, as reflected in the therapeutic alliance and homework compliance (Button, Westra, Hara & Aviram, 2015).

To better understand the struggle faced by João, we might think of life as a chess game. For the entire game to change, moving some pieces is what is needed. However, moving a piece takes time, and needs to be carefully thought out, anticipating the consequences in the larger context. He was struggling with a deeply problematic story in which he lived in the shadow of cannabis and other people (as friends) knew him like that. Step by step, João showed himself willing to move some pieces. Still, there were some essential pieces that he did not know for sure if he wanted to move, as they would represent a major change (for instance, asserting the wish to stop using cannabis would represent a change in the pattern of relationship with his friends), thus presenting a barrier to change.

11.4. Therapist's Perspective

Changes in the client's talk, as in João's case, are evoked and strengthened by what the therapist says and does within the session; the role of the therapist is essential in increasing the probability that subsequent behavioral change will be maintained. The establishment of a positive therapeutic alliance increases retention in treatment and is a strong predictor of treatment outcome. Therefore, we invested in the therapeutic alliance with João, paying special attention to early signs of resistance, and looking for opportunities for teamwork between client and therapist.

Resistance to change and to the therapeutic process is not viewed as an expression of pathology, or a problem of the client. Instead, it reflects a basic self-organizing process operating in the service of the individual's phenomenological needs to feel safe, secure, and viable (Richert, 2003). As so, addressing these issues with João, in an open and direct way, non-defensive and non-judgmental was of such importance, representing a step forward in the process of change.

As therapists, we should acknowledge the client's style and his characteristics to adjust the therapeutic interventions (Soares, 2007). Thus, in the beginning of the intervention, João did not admit having a problem with cannabis. Acknowledging the stage of change he was in, led us to choose motivational interviewing as our main intervention. With this choice, João occupied a central role in the process. We respected his rhythm and his readiness to change, while guiding him towards a reflection about a possible change, promoting commitment to the process. With this, he felt understood and managed to share his experiences more honestly. In addition, he started acknowledging that his behaviors were interfering with what he wanted. As a team, we examined new points of view and explored his concerns towards changing his behavior, highlighting his skills and strengths, which led to an increase of motivation, making change feasible to happen.

To help João become readier to change his cannabis behavior, and considering his verbal and cognitive abilities, we chose also to combine MI with some techniques and principles of NT. João was seeing himself in the shadow of cannabis, other people that he knew were also seeing him in that light. As he points out, cannabis was his life and a shadow that was undermining some of his hopes, wishes, and goals. Therefore, it was needed to help him deconstruct his saturated narrative, and open new possibilities, by writing a new story beyond the shadows of cannabis. The micronarratives that were given to him as therapeutic tasks were of such importance, as they allowed him to commit to the process and to write new paths for his own life.

The use of CBT also was essential to promote the development of his coping skills, and to manage better his anxiety.

Although João achieved some therapeutic gains, he dropped out from therapy after the 23th session, without sharing his intention. Motivational factors, such as being extrinsically motivated (by his mother's ultimatum) don't seem sufficient to explain the dropout, especially at this stage of the intervention. One hypothesis that could explain dropping out is that João might have stopped believing that the process would lead to change. He had some recent setbacks, and had to face the frustration of defeat, which might had reinforced the belief that "nothing will work."

Another hypothesis is that the quality of the therapeutic alliance might have changed, without having been addressed (especially after the 18th session). The therapeutic alliance tends to change, needing to be negotiated over time, reevaluating and realigning therapist and client goals. For instance, after the 18th session, João stopped doing some of the tasks proposed. This could have represented a disengagement that should have been addressed. Moments of disengagement can reflect important process markers (Button *et al*., (2015).

It is possible the reduction of therapeutic tasks contributed to João's dropping out. Soares (2007) found clients in a drug addiction center did better when given therapeutic tasks, especially when compared to non-users (*e.g*. college students). For João, the therapeutic tasks contributed further to enhance his involvement and commitment towards the process of change. They were enabling to improve self-knowledge, self-determination, and helping also to promote coping strategies to deal with daily challenges.

To conclude, individuals with addictive behaviors present many challenges to therapists, especially when taking into account their readiness to change. João's case illustrates some of these challenges. Addictive behaviors are about the past, the present and the future, the *running off* from those moments that structure life. They are also about relationships and struggles on those domains. The therapist's role should be opening spaces for change to happen, through the therapeutic relationship and techniques that are suitable to client's style and his or her difficulties. This is entailed, by working in a collaborative way with the client, helping him to give new meanings to his story, and further developing skills, respecting his rhythm. As therapists, we cannot forget the importance of continuously reflecting about the therapeutic process—what went right, what went wrong. This will lead us to more effective action and intervention. As Padesky (1996: 273-4) wrote "The art and skill of therapy are best developed in a therapist who consistently analyses and learns from both positive and negative client feedback and outcome".

CONSENT FOR PUBLICATION

The client was informed and signed consent to participate and use his data for publication purposes. Furthermore, all personal information was suitable altered to guarantee confidentiality and data protection.

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CONFLICT OF INTEREST

The author(s) declare no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

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