



## **Dialectical Behavior Therapy (DBT)**

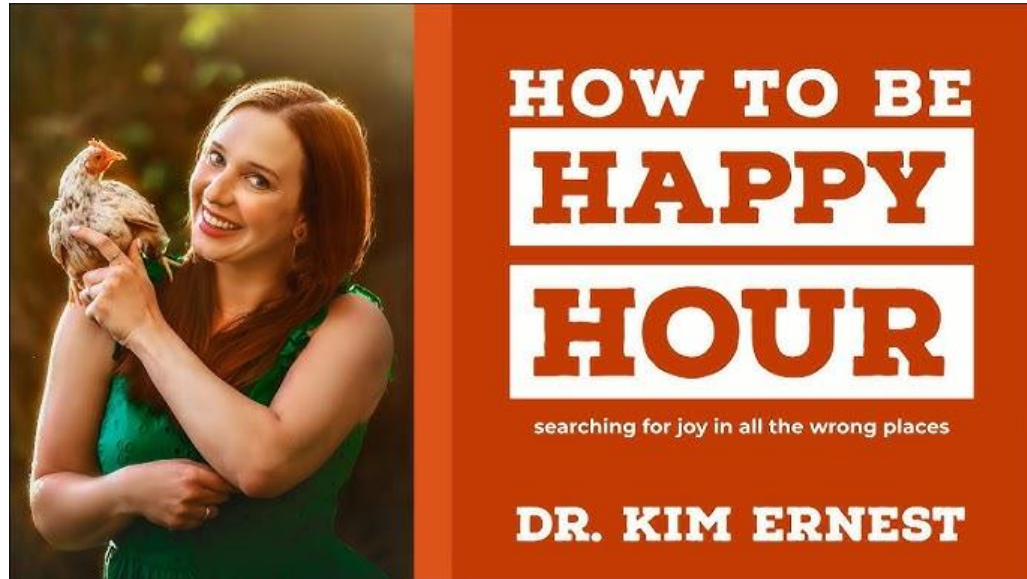
**Presenter: Dr. Kimberly Ernest, Ph.D., LPC**

**[www.PAcounseling.com](http://www.PAcounseling.com)**

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## About Me

- Dr. Kimberly Ernest, LPC, Psychologist
- President of Pennsylvania Counseling Services
- Founder of LiveUp Counseling
- Background in addictions, re-entry, and trained in family-systems therapy (structural family therapy; ESFT)
- Follow me on LinkedIn



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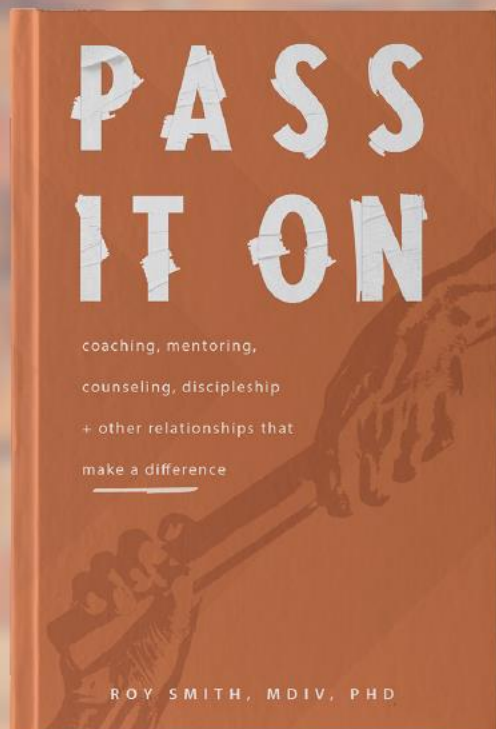
# Servants Oasis

- Designed to support the healing and connection of those serving within the helping professions and faith-based leaders within their churches and communities
- Workshops and retreats to support healing for those who sacrifice to support others



# PASS IT ON

a guide for mentoring, coaching,  
and counseling for both men & women



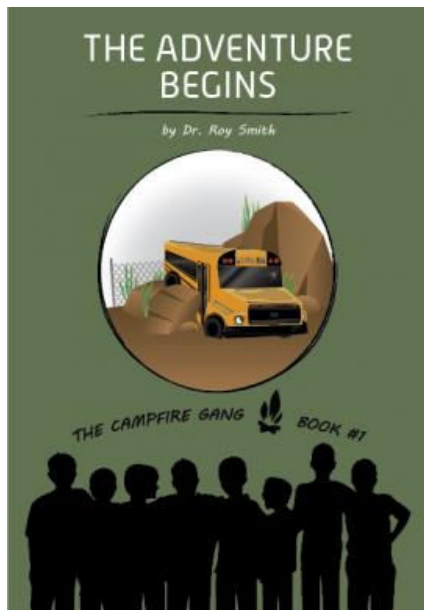
# HIT THE TARGET

a step-by-step manual for building &  
sustaining an effective men's ministry

[LiveUpResources.com](http://LiveUpResources.com)

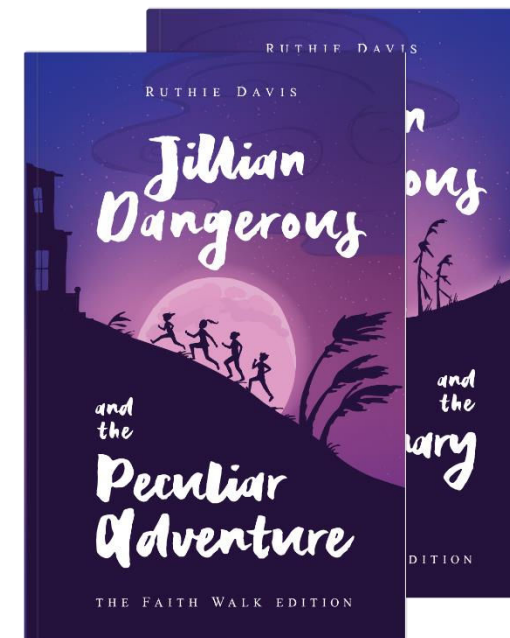
# Youth Mentoring Resources

THE CAMPFIRE GANG for boys ages 5 to 13



JILLIAN DANGEROUS

for girls ages 10-15



## CONFERENCE SPECIAL

Video & Workbook Bundle Survey

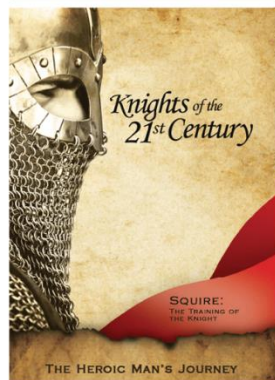


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## WORKBOOK AND VIDEO STUDY

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### WOMEN

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\$20

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\$40

All proceeds go to Servant's Oasis to help ministry and community leaders refresh, reset and reignite their passion for serving others. All survey information given is confidential and intended for internal purposes only. We hope to improve our future materials with the information you provide.

Thank you for supporting  
**SERVANT'S OASIS**



# Learning Objectives

**Assess** patterns of marijuana use among vulnerable populations to distinguish between helpful and problematic behaviors, regardless of legal or medical status, using evidence-based screening tools and clinical observation.

**Demonstrate** skillful, nonjudgmental communication strategies to engage clients in conversations about marijuana use, utilizing a “helpful versus not helpful” framework to foster client insight and motivation for change.

**Integrate** current neuroscience and mental health research on the effects of marijuana use into treatment planning, including education on potential risks to cognitive function, emotional regulation, and family dynamics.



# Resources

Breen, K., & Johnston, T. (2024, May 17). *Maps show states where weed is legal for recreational, medical use in 2024.* CBS News. [cbsnews.com](https://www.cbsnews.com)

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Freeman, T. P., Craft, S., Wilson, J., et al. (2022). *Association of cannabis potency with mental ill health and addiction: A systematic review.* *The Lancet Psychiatry*, 9(9), 736-750. [thelancet.com](https://www.thelancet.com)

Ward, P. (2023, June 1). *ISMRM: MRI detects brain changes in past cannabis users.* AuntMinnie.com. [auntminnie.com](https://www.auntminnie.com)

Nora, D. V., & others (2016). *Effects of cannabis use on human behavior, including cognition, motivation, and psychosis: A review.* *JAMA Psychiatry*, 73(3), 292-297. [cdc.gov](https://www.cdc.gov) (Referenced by CDC)

- Additional sources: CDC (2022). *Cannabis Facts & Stats* [cdc.gov](https://www.cdc.gov); NIDA (2021). *Marijuana DrugFacts*; SAMHSA (2023). *National Survey on Drug Use and Health* (for prevalence data) [auntminnie.com](https://www.auntminnie.com).



# Evolving Landscape - Benefits

- Reduce Stigma
- Reduced incarceration
- Pain management



# Challenges

- Increased availability and perception of safety can lead to heavier use or normalization of marijuana,
- Mental health professionals now encounter clients who view cannabis as a legitimate aid, which requires us to balance *compassionate understanding* with *clinical insight* into potential risks.



# Does Legal mean Helpful? Without Risk?

- We must navigate conversations where marijuana use is legal (or medically recommended) yet may still be *harmful or unhelpful* for the individual's mental health



# Marijuana Paradox

**Potential Benefits:** Some clients report cannabis helps with pain, anxiety, or insomnia; reduced fear of legal consequences; more openness in discussing use. – THC increases tolerance for discomfort/uncomfortable things.

- **Key Challenges:** Higher THC products and frequent use can exacerbate mental health issues [cdc.gov](https://www.cdc.gov). Clients may downplay risks (“it’s legal/natural”) or use cannabis to avoid coping with underlying problems.



# Marijuana as an Avoidance Strategy

- It is the “sting” of discomfort that evokes change...
- Use of marijuana to tolerate uncomfortable feelings has risks – predominantly it may keep us “stuck”.



# The Marijuana Paradox

A client might genuinely get relief from PTSD nightmares using medical cannabis

Yet -- that *same client* might start using more often as an emotional crutch, potentially impeding progress in therapy



## Focus on Behavior, Not Legality

- Even if a client has a medical marijuana card or lives in a legal-use state, their **pattern of use** might be problematic. Frequency, quantity, context, and impact on functioning are key.
- Legal or prescribed use can still meet criteria for Cannabis Use Disorder (CUD) if use is **uncontrolled or harmful**.



# Six Questions to Ask to Evaluate Function of Marijuana Use

1. In what ways is marijuana use helping you right now, and in what ways (if any) is it making parts of your life harder?
2. Have you ever tried to cut back or take a break from marijuana and found it difficult, uncomfortable, or upsetting?
3. Since beginning regular marijuana use, have you noticed any changes in your memory, motivation, emotions, relationships, or daily responsibilities?
4. Do you often find yourself using marijuana to escape uncomfortable emotions (like stress, sadness, anxiety, or anger) rather than addressing them in other ways?
5. Has anyone close to you — family, friends, coworkers — expressed concern about your marijuana use, your mood, or your presence/availability in relationships?
6. Has marijuana use ever led to problems at work, school, with the law, finances, physical health, or mental health (even if you thought the issue wasn't serious at the time)?



# Signs of Cannabis Use Disorder

- Approximately 30% of cannabis users develop some degree of CUD [cdc.gov](https://www.cdc.gov).
- Warning signs include: trying but failing to cut down, spending excessive time obtaining/using cannabis, cravings, and **continued use despite negative consequences** (e.g. work, school, or relationship problems) [cdc.gov](https://www.cdc.gov).
- Other signs: tolerance (needing more for same effect) and withdrawal symptoms (irritability, sleep issues) when not using.



# Medical Marijuana ≠ Risk-Free

- A patient might say “it’s my prescription,” yet still misuse cannabis (e.g., using higher doses than recommended, using it to get high rather than for the medical condition, or experiencing impaired daily functioning).
- The presence of a medical card should prompt *more* discussion, not less, about usage patterns and goals.
- For instance, is the client using cannabis in line with medical guidance, or using it in addition to other non-medical cannabis?

Are they foregoing other treatments?

Using before/during/after treatment?



# Functional Impact

- Look at how cannabis use affects the client's life.
- These functional indicators often tell us more than the legal status of the drug.



# Functional Impact Questions

- Are they missing appointments or failing to meet responsibilities due to use?
- Do they use cannabis to cope with every stressor (potential emotional dependence)?
- Has their mood, anxiety, or psychotic symptoms worsened with heavy use?



# legality is not the same as safety or helpfulness

“I’m not concerned about whether it’s *legal*, I’m concerned about whether it’s *working for you* or *causing you problems*.”



## Case Study – *“It’s Medical, Doc!”*

- Jayden is a 28-year-old client with PTSD and chronic back pain. He obtained a medical marijuana card in Pennsylvania for pain management and uses cannabis daily. In sessions, Jayden insists his use is “totally fine because it’s doctor-approved.”
- However, you notice he often comes to therapy sessions intoxicated (glassy eyes, smelling of cannabis).
- He reports spending most of his day smoking “to relax,” and his partner complains that Jayden is avoiding trauma-focused exercises and isolating while high.
- Jayden has tried to cut back but says “I get so irritable without it, so why stop if it’s legal medicine?”



# Case Study Discussion

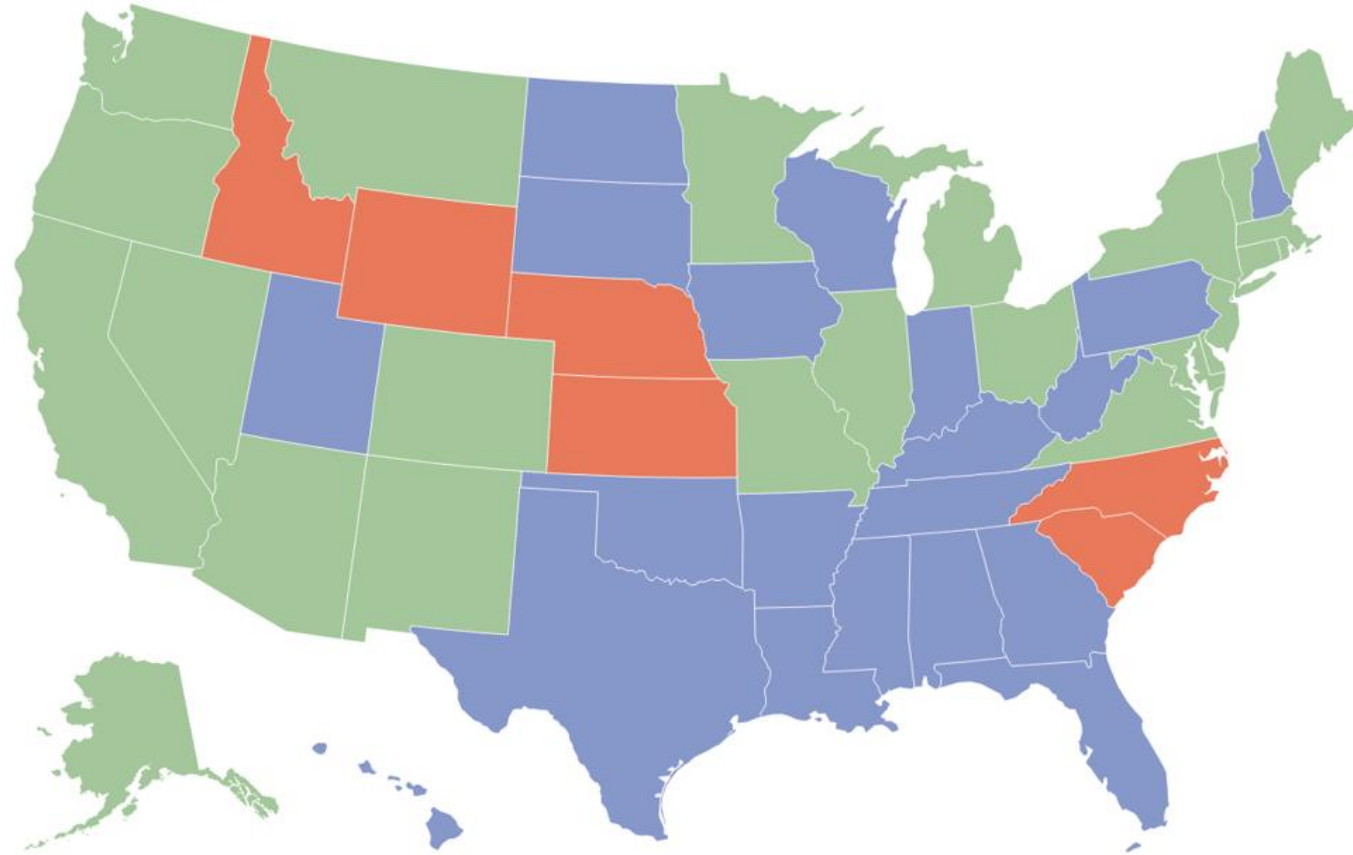
- What signs suggest Jayden's use might be **problematic** despite being medically legal?
- How would you approach a conversation with Jayden?
- What questions or reflections could help assess whether his marijuana use is helping or harming his recovery?

# Marijuana laws by state

The map below shows the legal status of marijuana across different states. Hover or click on a state to see specific details about medicinal marijuana allowances or decriminalization policies.

## Legal status

Fully Legal Fully Illegal Mixed



Note: Data as of April 19, 2024.

Map: Taylor Johnston / CBS News • Source: DISA Global Solutions



# Risks in a Medical vs. Legal Program

- Zero tolerance DUI program
- Medical Marijuana Card – but purchasing on street
- Traveling across state lines to purchase



# Functional Impact of MJ - Attunement

- Marijuana can alter a person's emotional attunement to others. Some research indicates chronic cannabis use may blunt emotional responsiveness and empathy.
- For example, cannabis users showed a reduced ability to *implicitly* identify others' emotions and may respond abnormally to emotional cues
- Clients might appear “checked out” or less present/connected in relationships when frequently high.
- They could miss social cues or have dampened emotional reciprocity, **affecting therapeutic rapport or family dynamics.** In couples therapy, one partner's heavy use might reduce their sensitivity to the other's feelings.



# Functional Impact of MJ – Emotional Escape

- Cannabis is often used as an **avoidance strategy** to “escape” from negative feelings or stress.
- While temporarily numbing, this use of marijuana for emotional escape can become maladaptive.
- Clients may rely on getting high to avoid anxiety, trauma memories, or depression, rather than developing healthier coping.
- Studies link this kind of avoidance coping with more frequent and heavy cannabis use over time (essentially reinforcing the cycle).



## Emotional Escape (continued)

- In practice, if a client reaches for marijuana whenever they feel upset, it may prevent them from learning effective emotion regulation.
- We should be curious: “What happens *after* the high? Are the problems still there?”
- Often, the underlying issues remain unaddressed, sometimes exacerbated by the lack of sober coping.



# Functional Impact of MJ – Action Taking

- Many clinicians and clients note that heavy marijuana use can sap **motivation** and initiative (sometimes called the “amotivational” effect).
- Cannabis affects brain areas involved in decision-making and reward; acutely, *being high can decrease reaction time, impair concentration, and reduce drive.*
- Over time, some heavy users become **less proactive** in pursuing goals or taking needed actions.



# Motivation

- For example, a client might procrastinate on job applications or skip school when regularly using.
- While research is mixed on long-term apathy (some studies find no permanent “amotivational syndrome”), it’s clear that when someone is intoxicated or using daily, their ability to take goal-directed action is often diminished.
- This can stall progress in therapy and life.
- It’s important to distinguish relaxation from stagnation: occasional use might help someone unwind, but habitual use can lead to chronic avoidance of taking action on important tasks or changes.



# Addressing Motivation, Attunement, and Emotional Escape

“When you smoke to deal with your feelings, what problems does it solve, and what problems does it just put off?”



# Amotivation Syndrome

- Reduced drive to pursue personal, educational, or occupational goals
- Diminished initiative or persistence in tasks
- Apathy toward responsibilities and long-term outcomes
- A flattening of emotional experience or reduced engagement in daily activities



# Physical Health Risks of Cannabis Use

- Respiratory: scarring of small blood vessels in the lungs
- Cardiovascular: increase in heart rate and blood pressure
- Cannabinoid Hyperemesis Syndrome (CHS): unexplained frequent vomiting and nausea following prolonged MJ use



# Risks to Pregnant mothers & Fetal Development

- Marijuana use during pregnancy is linked to lower birth weight and developmental effects on the fetus



# Psychosis and Schizophrenia

- One of the clearest mental health risks of heavy marijuana use is an increased risk of **psychotic symptoms** – such as paranoia, delusions, or hallucinations – especially in vulnerable individuals.
- Cannabis doesn't “cause” schizophrenia by itself, but for someone with a family history or other risk factors, heavy use can be a trigger or accelerate onset



# Depression and Anxiety

- Short-Term Relief = Long-Term Increase
- Regular cannabis use (particularly beginning in adolescence) has been linked to higher rates of depression in adulthood and can exacerbate social anxiety symptoms
- Heavy use is associated with increased suicidal ideation and suicide attempts among teens and young adults



# Cognitive and Memory Effects

- Frequent marijuana use can impair cognitive functions such as memory, attention, and processing speed
- Harder to concentrate, learn new information, or retain memories.

**Earlier and Heavier use = Greater Cognitive Risk**



# Addiction (Cannabis Use Disorder)

- 1 in 3 regular users exhibit some form of CUD
- Risk of developing CUD is higher if one starts in adolescence or uses high-THC concentrates
- Crucial to treat CUD as a legitimate substance use disorder



# Impact on Relationships & Family Systems

Relationships and Communication:

- Misperceive relationship dynamics
- More relationship conflict – less harmony



# Caregiver Use

- **Parental use** might affect consistency in parenting – e.g., a parent who is often high in the evenings may be less effective in enforcing routines or responding emotionally to a child
- Parents use marijuana to “stay calm” with parenting stress, but if overused, it might lead to disengagement



# Enabling or Codependency

- Vulnerable clients often have family members who either enable their use or harshly judge it.
- Enabling by silence



# Shaming or Ignoring are not helpful

Instead, focus on open communication and clear boundaries:

1. Not using in front of children
2. Not driving after using
3. Not using before/after session for a period of time



# Secondhand Effects

- Children receiving second hand smoke on developing brains
- Not locking up appropriately & accidental use



# Framing the Conversation

- Helpful vs. Not Helpful
- Avoiding Moral Judgment
- Acknowledge Benefits (Empathy)
- Gently Highlight Drawbacks
- Client Autonomy



# Skills for Talking about MJ Use

- Open-Ended Questions
- Reflective Listening
- Normalize and Educate
- Support Self-Efficacy
- Plan for Triggers and Alternatives



# Key Takeaways

- Integrate Cannabis Discussions into Practice
- Legal ≠ Harmless
- Empathy and Education Go Hand-in-Hand
- Leverage Motivational Strategies
- Collaborate on Harm Reduction
- Stay Informed



# Questions?

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