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Evidence-Based Treatment for Anxiety Disorders and Marijuana Use Across the Lifespan

Tanya Borchert
Minnesota State University, Mankato

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Evidence-Based Treatment for Anxiety Disorders and Marijuana Use Across the Lifespan

Tanya Borchert, LSW
South Central Human Relations Center – Dual Recovery Program - Owatonna
Site Supervisor: David Wright, MSW, LICSW
Field Liaison: Michelle Alvarez, MSW, EdD, LICSW
Academic Advisor: Kimberly Zammitt, PhD, LICSW

Department of Social Work
Minnesota State University, Mankato

Statement of Purpose

The purpose of this capstone project was to identify evidence-based practices relating to anxiety disorders and cannabis use throughout the lifespan. Identification of the practices will more effectively meet the needs of the clients served at the Dual Recovery Program and allow the agency to best serve clients with co-occurring anxiety disorders and cannabis use in a parallel manner. The literature indicates that there is a correlation between anxiety disorders and cannabis abuse (Buckner & Schmidt, 2011; Buckner, Zvolensky, & Schmidt, 2012; Bricker, et al., 2006; Bonn-Miller, Vujanovic, Boden, & Gross, 2011). If the anxiety disorder can be properly diagnosed and treated early on with evidence-based treatment and recommended interventions, the likelihood for lifetime marijuana use will decrease (Substance Abuse & Mental Health Services Administration [SAMSHA], 2012).

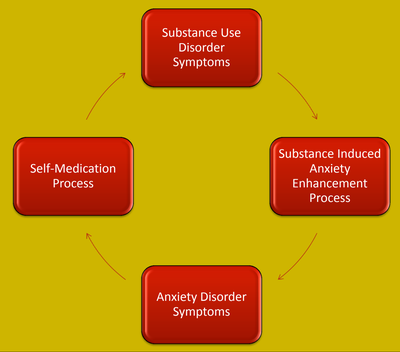
Research Question

What are the evidence-based practices for treating co-occurring anxiety disorders and cannabis use in adolescents, adults and older adults in an outpatient dual recovery treatment setting?

Methodology

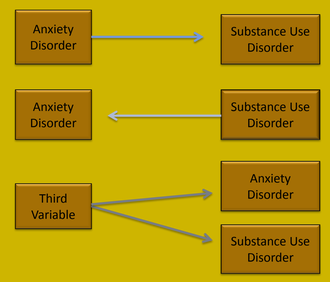
A systematic review was conducted to identify evidence-based treatment modalities for co-occurring anxiety disorders and marijuana use in an outpatient setting. "A systematic review retrieves, appraises and summarizes all the available evidence on a specific (health) question and then attempts to reconcile and interpret it" (White & Schmidt, 2005).
Key research terms include: "dual diagnosis", "co-occurring disorders", "integrated dual disorders treatment", "cannabis", "marijuana", "evidence-based practices in treating co-occurring/dual disorders", "treating co-occurring/dual disorders", "marijuana and anxiety", "marijuana use and general anxiety disorders", "marijuana use and obsessive compulsive disorder", "marijuana and post-traumatic stress disorder", "marijuana and social anxiety", "marijuana use and panic disorder", "marijuana use in adolescents", "marijuana use in adults", "Marijuana use in rural areas", "pharmacotherapy and anxiety", "rural mental health barriers", and "anxiety disorders".
The primary databases utilized for this review were: Academic Search Premier, ERIC, SAGE Premier, Social Services Abstracts, Psychology Abstracts, Science Direct, SAMHSA, NIMH, NAMI, NIDA, NIH, Drug and Alcohol Services Information System(DASIS) Reports, Treatment Episode Data Set (TED) Reports, Office of Applied Studies (OAS) Reports, National Survey on Drug Use and Health (NSDUH) Report, Drug Abuse Warning Network (DAWN) Reports, and other scholarly journals, such as, Mental Health and Substance Abuse, Journal of Dual Diagnosis, and Journal of Addictive Diseases.

Figure 1: Mutual Maintenance Model



Stewart & Conrod (2008)

Figure 2: Onset of Disorder



Stewart & Conrod (2008)

Table 1: Annual Prevalence of Cannabis Use at the Global Level

Annual prevalence and number of illicit drug users at the global level, 2010

	Prevalence (percentage)		Number (thousands)	
	Low	High	Low	High
Cannabis	2.6	5.0	119 420	224 490
Opioids	0.6	0.8	26 380	36 120
Opiates	0.3	0.5	12 980	20 990
Cocaine	0.3	0.4	13 200	19 510
Amphetamine-type stimulants	0.3	1.2	14 340	52 540
"Ecstasy"	0.2	0.6	10 480	28 120
Any illicit drug	3.4	6.6	153 000	300 000

World Drug Report (2012)

Key Findings

- Marijuana continues to be the most frequently used and abused illicit substance in the world and anxiety disorders are the most prevalent of the psychiatric disorders (Hogan et al., 2010; Minnesota Department of Human Services [MDHS], 2012; United Nations Office on Drugs and Crime, 2012).
- Findings indicate the importance of treating both disorders concurrently with an integrated approach (SAMHSA, 2012).
- Early detection of anxiety disorders is important to alleviate possible substance use disorders and dependence later in life.
- Psychotherapy and pharmacological interventions should be used in conjunction when indicated (SAMHSA, 2012).
- Best-practices include: cognitive-behavioral therapy, exposure-therapy, family-psychoeducation, case management, 12 step-program, self-help groups, psycho-education, motivational interviewing, and behavioral therapies, including, deep breathing techniques, relaxation, and contingency management (Drake et al., 2001; Hall, Vaugha-Sarrazin, & Huber, 2008; Myrick & Wright, 2008; Brady & Verduin, 2005).
- "Medications for addressing an individual's mental disorder is likely to be the same medication for addressing these symptoms when the individual is diagnosed with a co-occurring substance use disorder and vice versa" (SAMHSA, 2012).

Implications for Practice

- "Due to high prevalence of marijuana in anxiety disorders, it is important to screen for marijuana with persons with anxiety"(Bonn-Miller & Zvolensky, Leen-Feldner, Feldner, & Yartz, 2005).
- "Programs that offer treatment to individuals with co-occurring disorders ensure clinical staff has advanced specialized training to increase the needed capacity to provide co-occurring disorders treatment within the program and create a "no wrong door" experience for patients" (SAMHSA, 2011).
- "Concurrent and integrated treatments have become the norm and there has been a gradual dismantling of the silos"(Bernardy, Hamblen, Friedman, & Kivlahan, 2011). It is important to treat both disorders concurrently in order to treat the whole person. Integrated care is more cost-effective than treating the disorders separately.
- There was limited research on specific co-occurring anxiety disorders and marijuana use despite the high rates of each in the United States and the world. Future research is necessary to be able to best serve individuals with these comorbidities.

References

References are available upon request.