

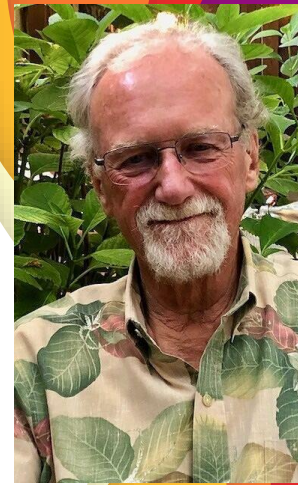
Motivational Enhancement Therapy for Cannabis Misuse: Adaptations for Youth and Young Adults with Psychosis

Denise Walker, Ph.D.



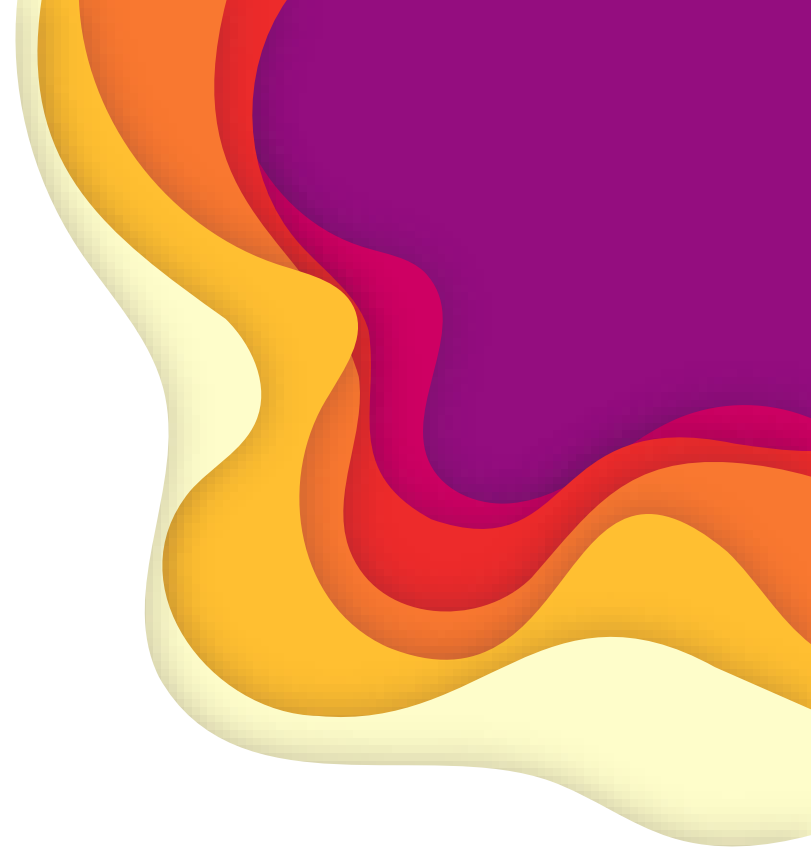
Acknowledgements

- Special thanks to my colleagues
 - Roger Roffman, DSW, & Robert Stephens, Ph.D.
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- National Institute on Drug Abuse
- Royalty Research Fund
- Garvey Institute for Brain Health Solutions



Overview

- Cannabis 101 – Brief overview
- Cannabis and psychosis risk
- Assessment
- Motivational Enhancement Therapy

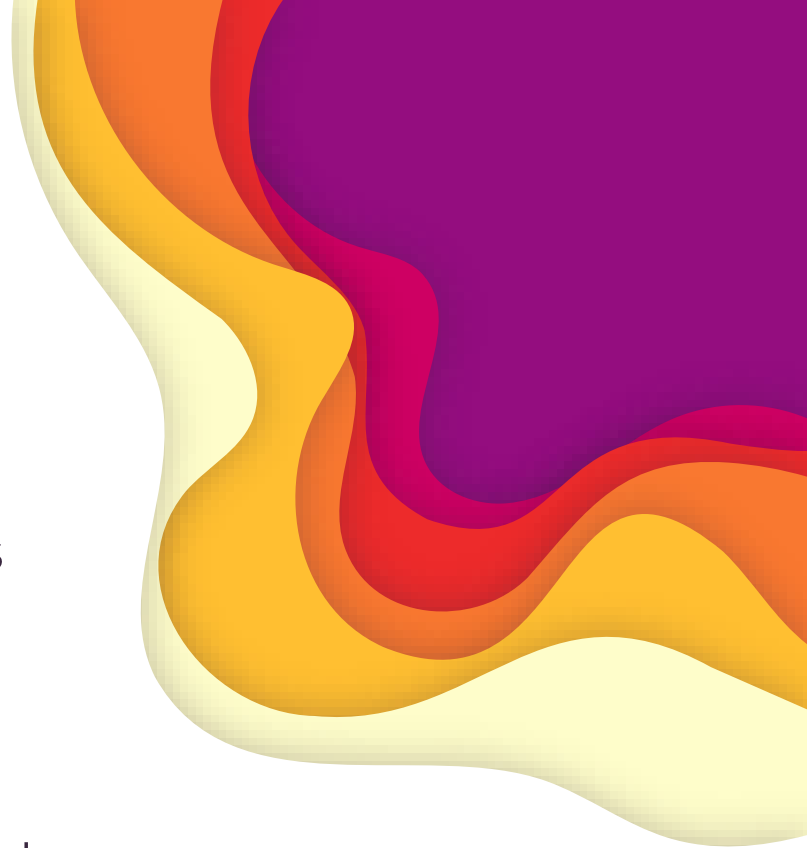


Cannabis 101



Cannabis – What are we talking about?

- Cannabis plant includes over 100 cannabinoids
- Delta-9 tetrahydrocannabinol (THC) has psychoactive effect – gets you “high”
- Cannabidiol (CBD) a cannabinoid, commonly sold as supplements or in products since the 2018 Farm Bill passed authorizing the production of hemp
- Delta-8 THC



Delta-9 Tetrahydrocannabinol (THC)



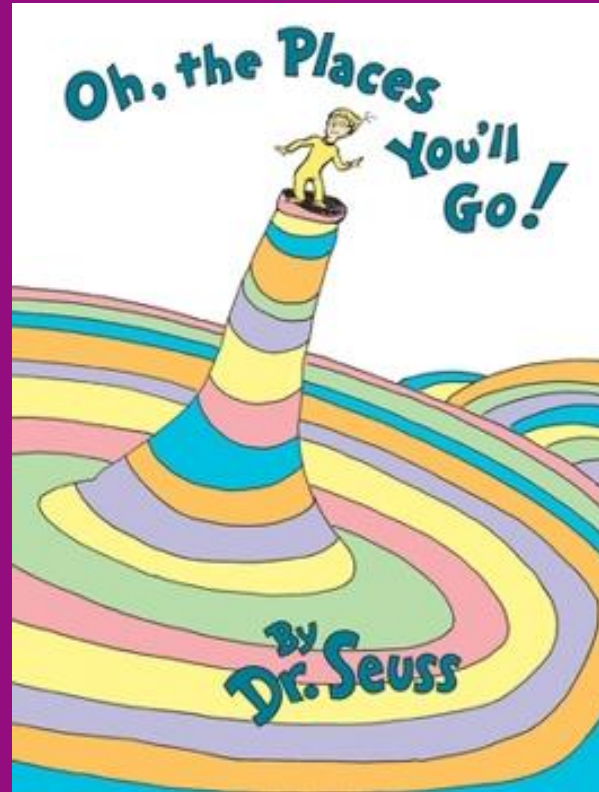
Cannabis Products: Smoking / Vaping



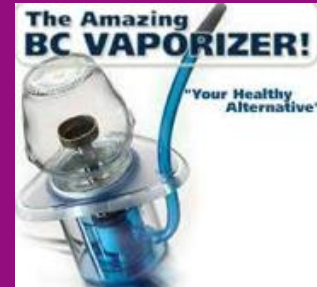
Edibles



Oh Cannabis, the Places You'll Go!



Devices



CBD Products- No psychoactive effect



Martha Stewart CBD Products



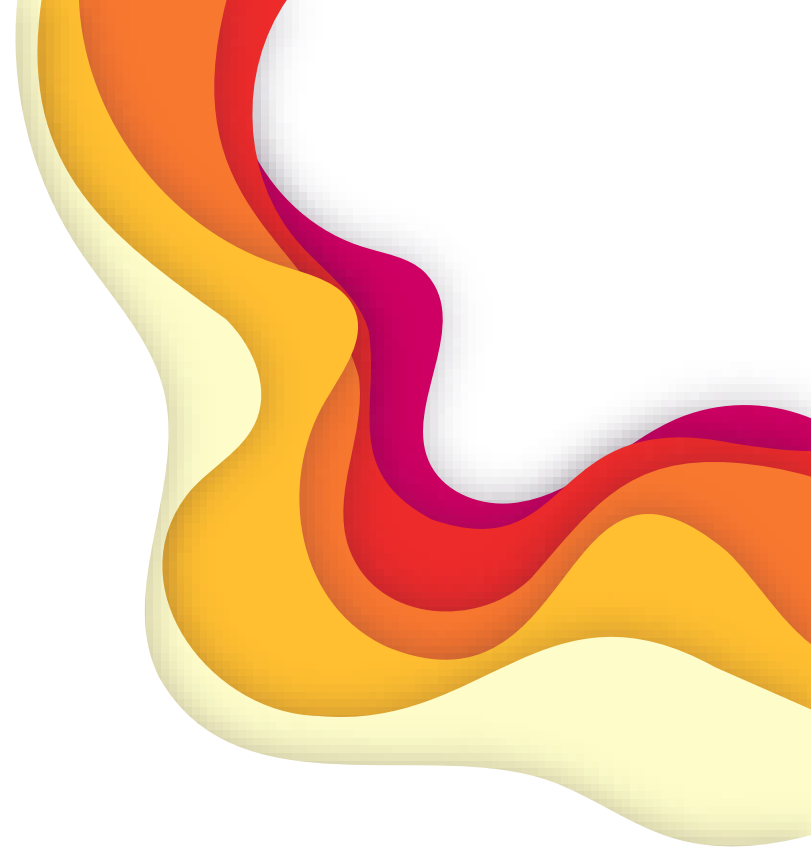
Delta-8 Products

Highly concentrated
Similar psychoactive effect as Delta-9

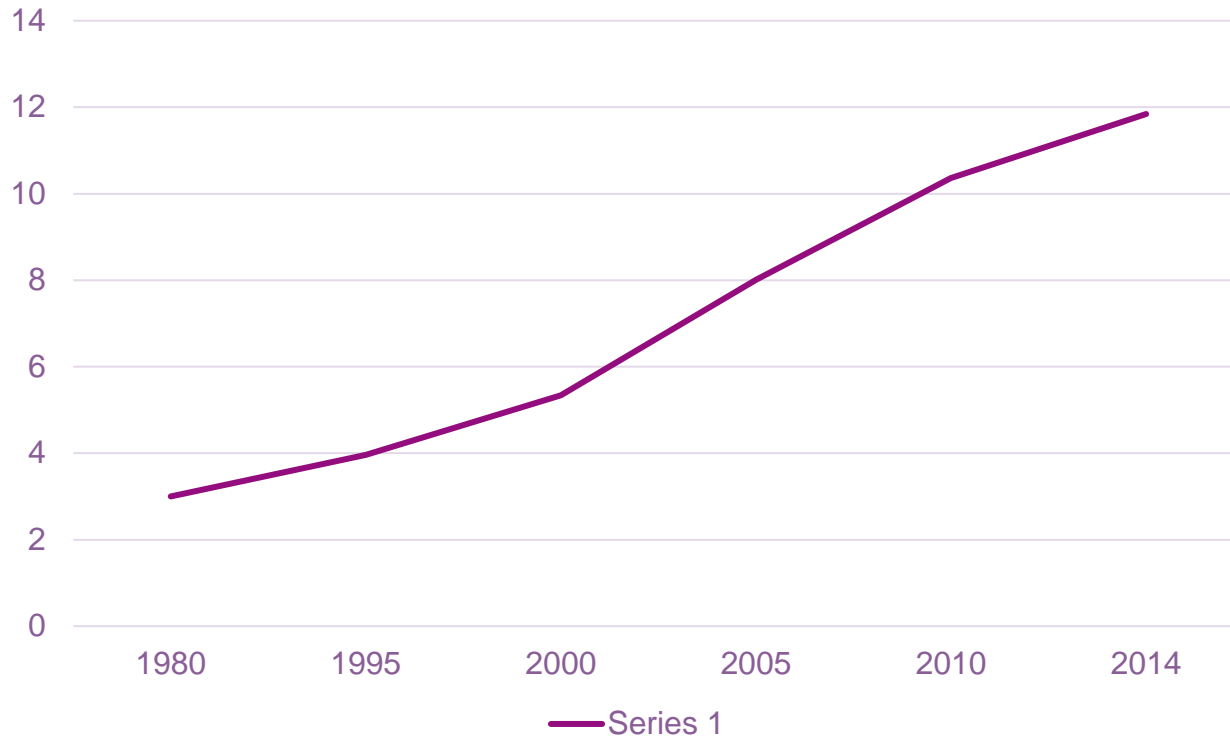


Poll:
What is considered in the research literature as “high potency” cannabis?

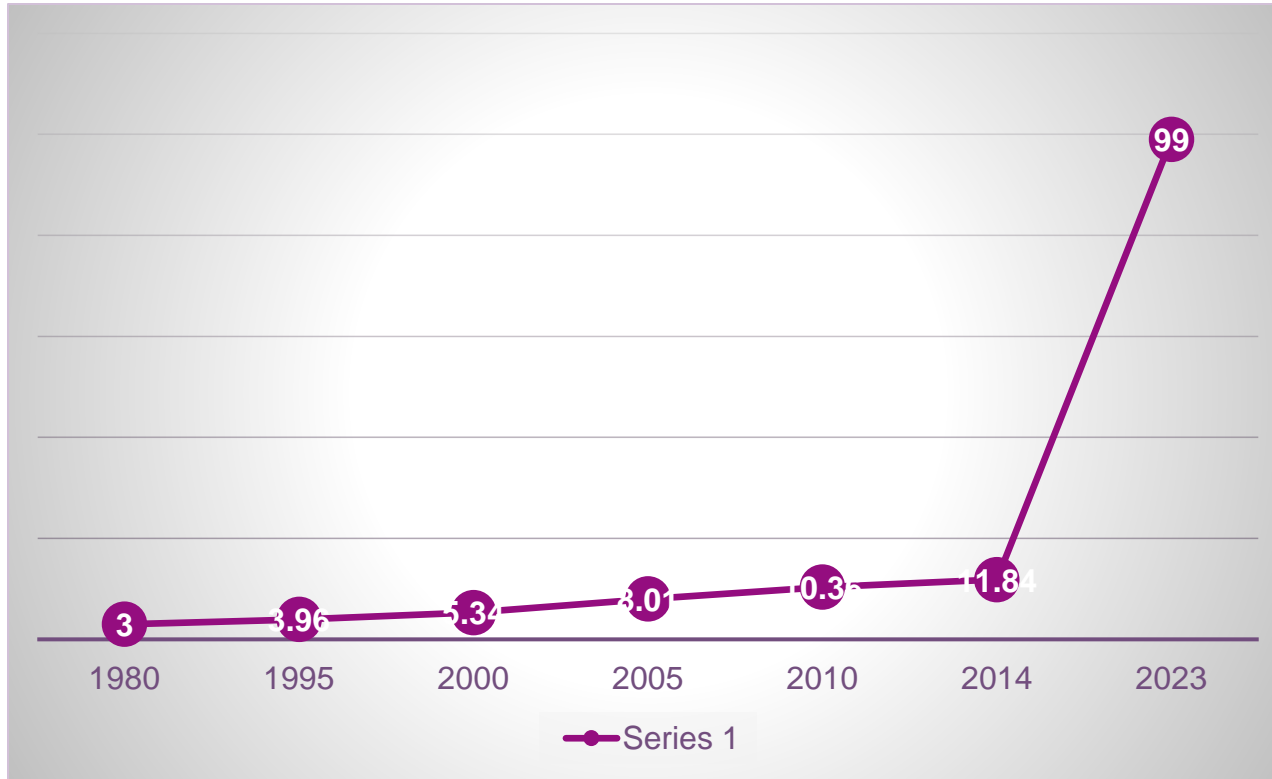
- A) Above 10% THC
- B) Above 30% THC
- C) Above 50% THC



Changes in Cannabis Potency



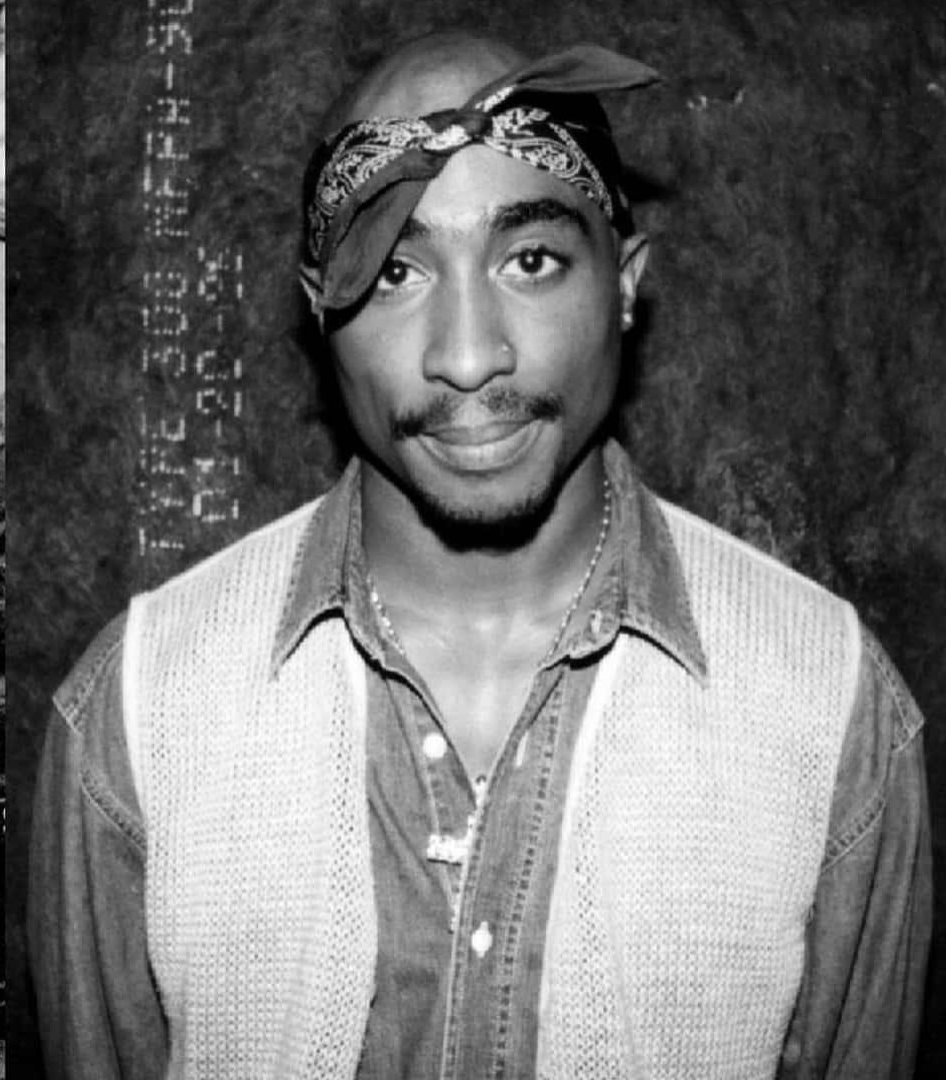
Recreational Market Changed Cannabis Potency

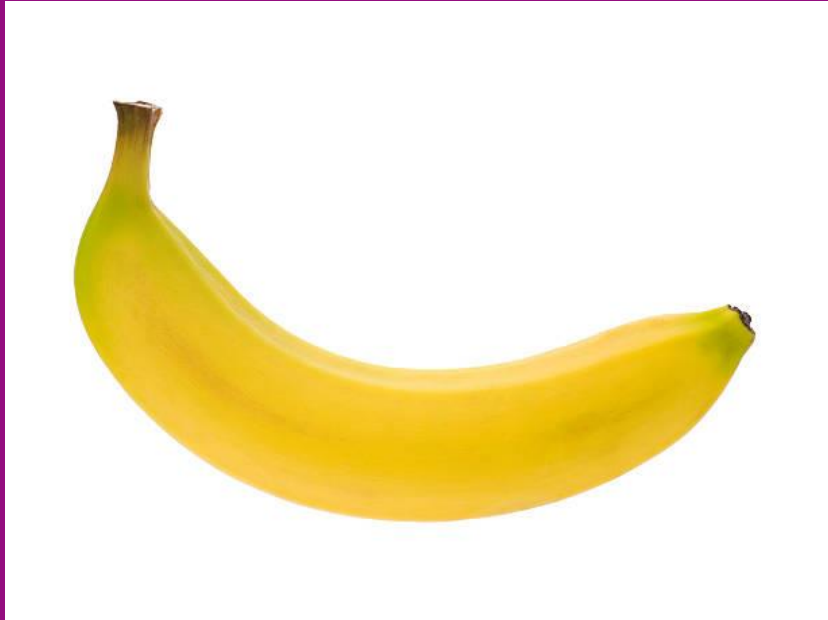


2% THC



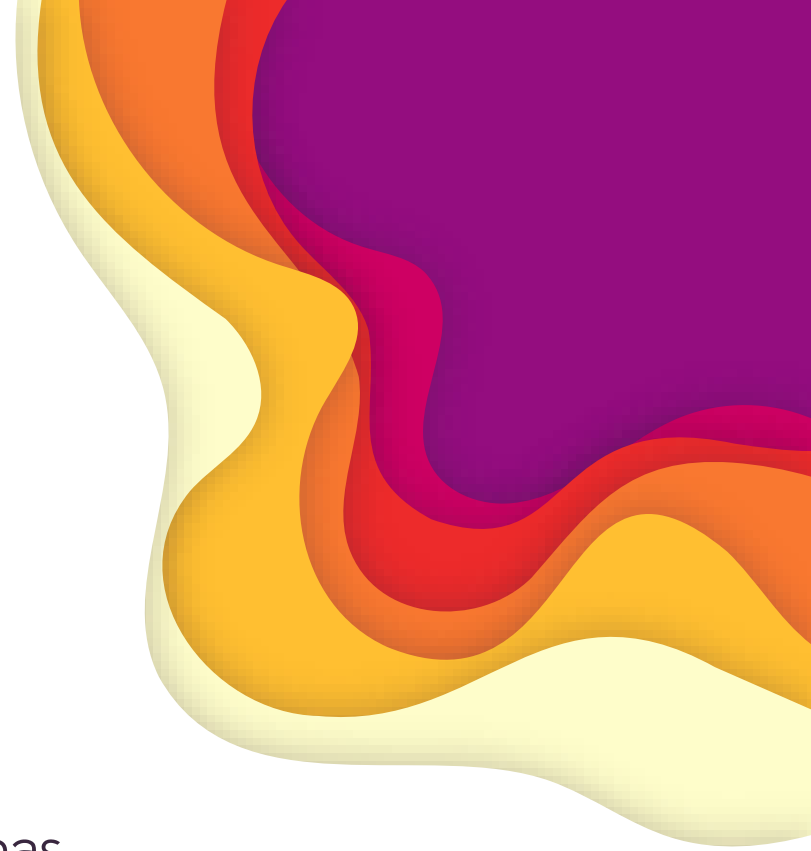
4-5% THC





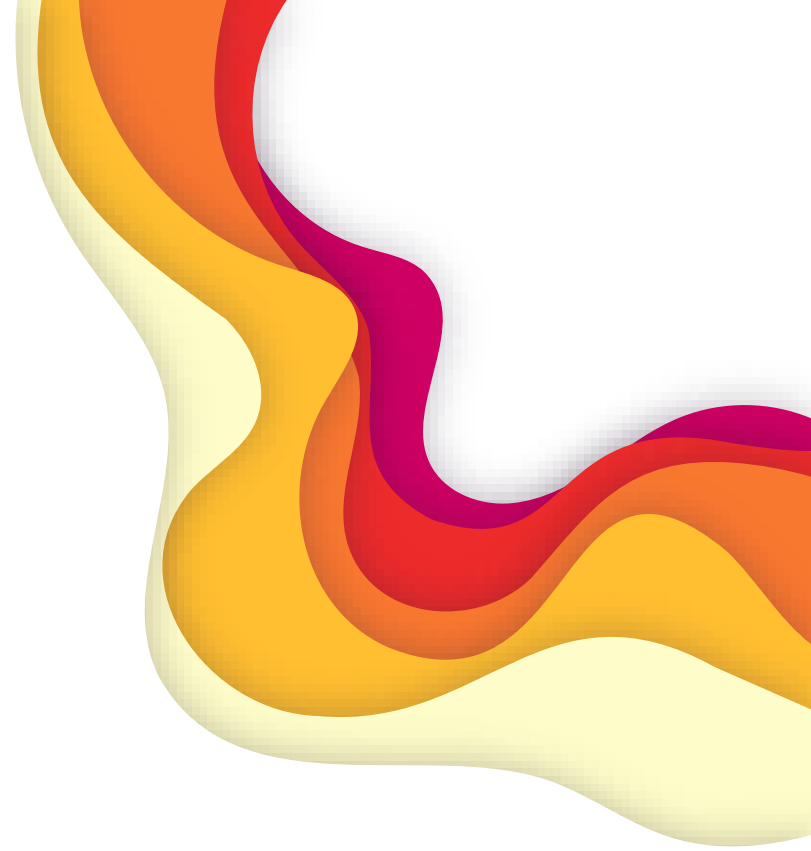
Cannabis has Changed

- Explosion of products
- Used to be 3-8% THC potency and mostly flower was consumed
- High THC was considered 10%
- Now products available up to 99% THC
- Science has not kept up: Research has largely focused on low THC products & availability



Poll: Is cannabis addictive?

- A) Yes
- B) No



What about High Potency THC?

1

High potency THC is related to increased risk for addiction

2

Increased risk for development of a psychotic disorder (like schizophrenia)

3

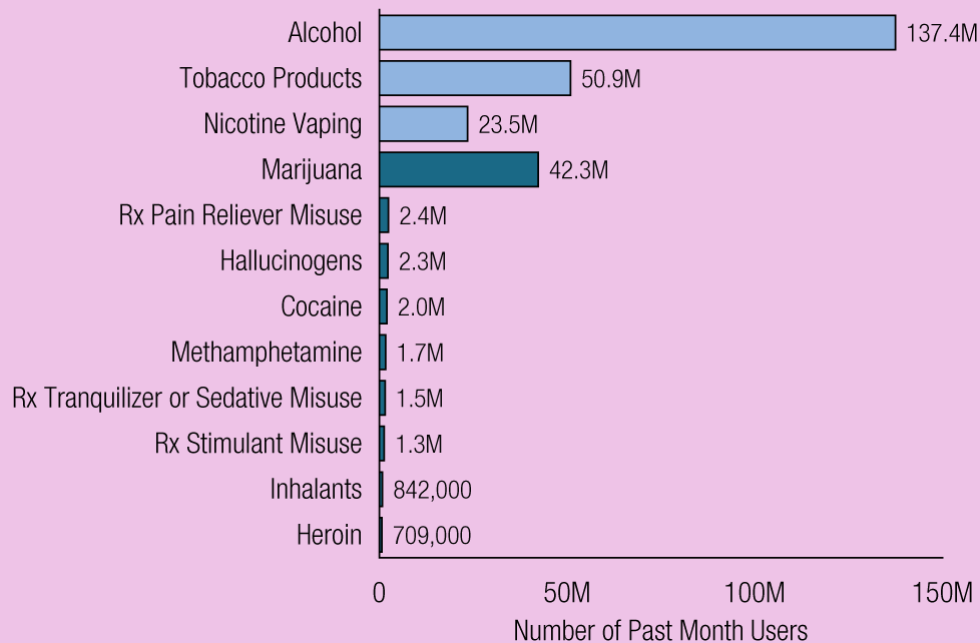
Adolescents are particularly vulnerable – increased risk of CUD, mental health disorders, and impairs brain development

Cannabis Hyperemesis Syndrome

- Clinical syndrome consisting of recurrent nausea, vomiting & abdominal pain
- Expensive – frequent ED visits, tests, evaluations
- Unrelieved by traditional cyclic vomiting medications
- Temporary relief found in frequent hot showers
- CO found an increase in vomiting related healthcare visits (ED) post legalization (Wang, et al., 2021)



Past Month Substance Use: Among People Aged 12 or Older; 2022

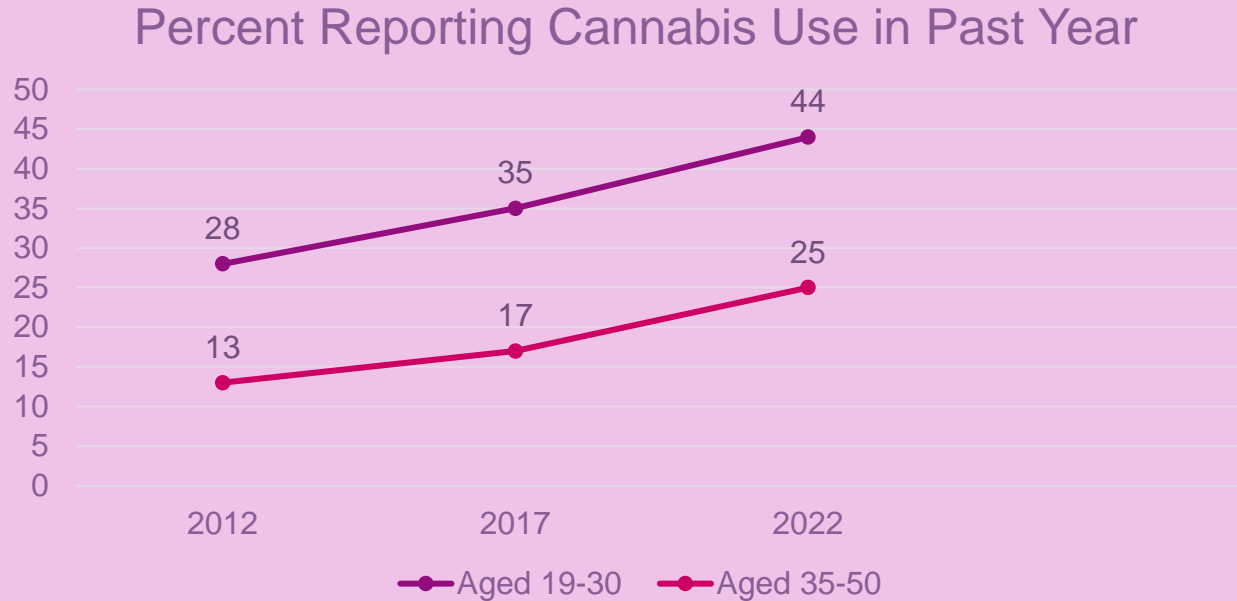


Rx = prescription.

Note: The estimated numbers of current users of different substances are not mutually exclusive because people could have used more than one type of substance in the past month.

Substance Abuse and Mental Health Services Administration. (2023).

Cannabis Use is Increasing (MTF, 2024)

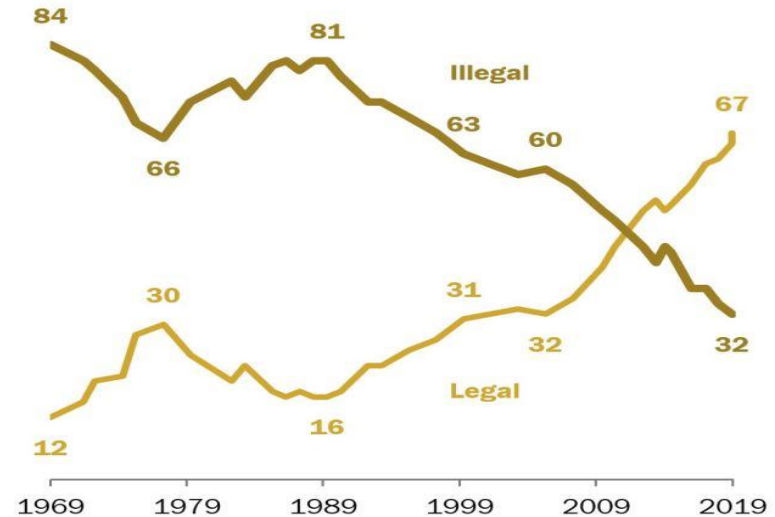


Support for Cannabis Legalization

In 2022, Pew Research Center found 88% of Americans favored cannabis legalization for either medical or retail use

U.S. public opinion on legalizing marijuana, 1969-2019

Do you think the use of marijuana should be made legal, or not?

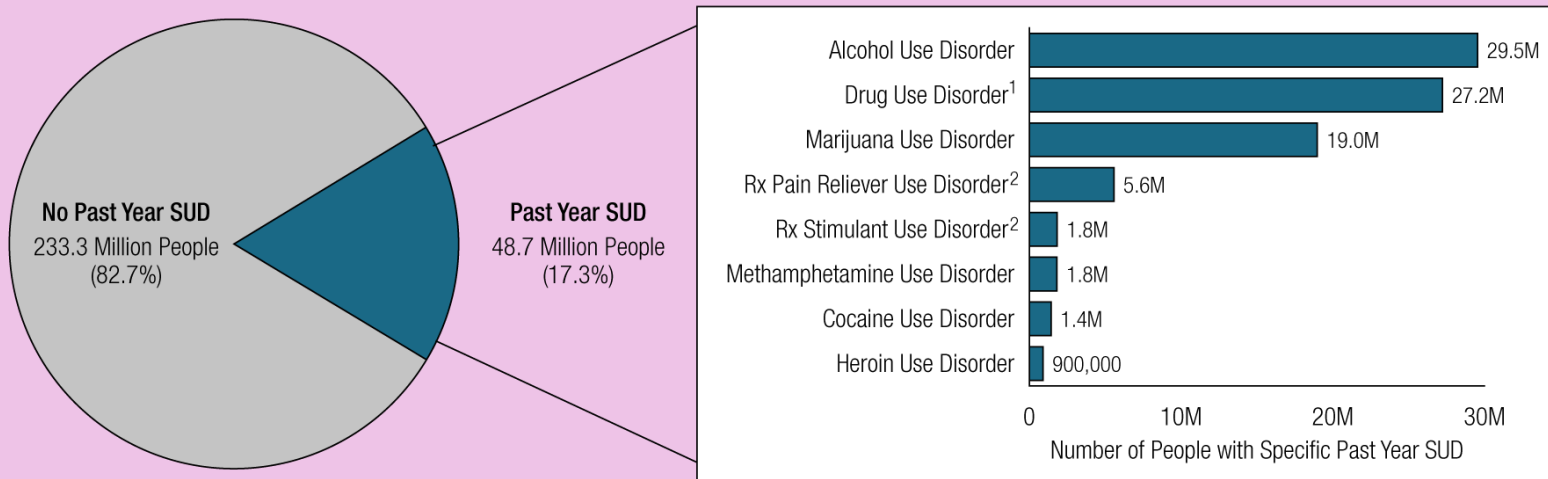


Note: No answer responses not shown. 2019 data from Pew Research Center's online American Trends Panel; prior data from telephone surveys. Data from 1969-1972 from Gallup; data from 1973-2008 from General Social Surveys.

Source: Survey of U.S. adults conducted Sept. 3-15, 2019.

PEW RESEARCH CENTER

Past Year Substance Use Disorder (SUD): Among People Aged 12 or Older; 2022



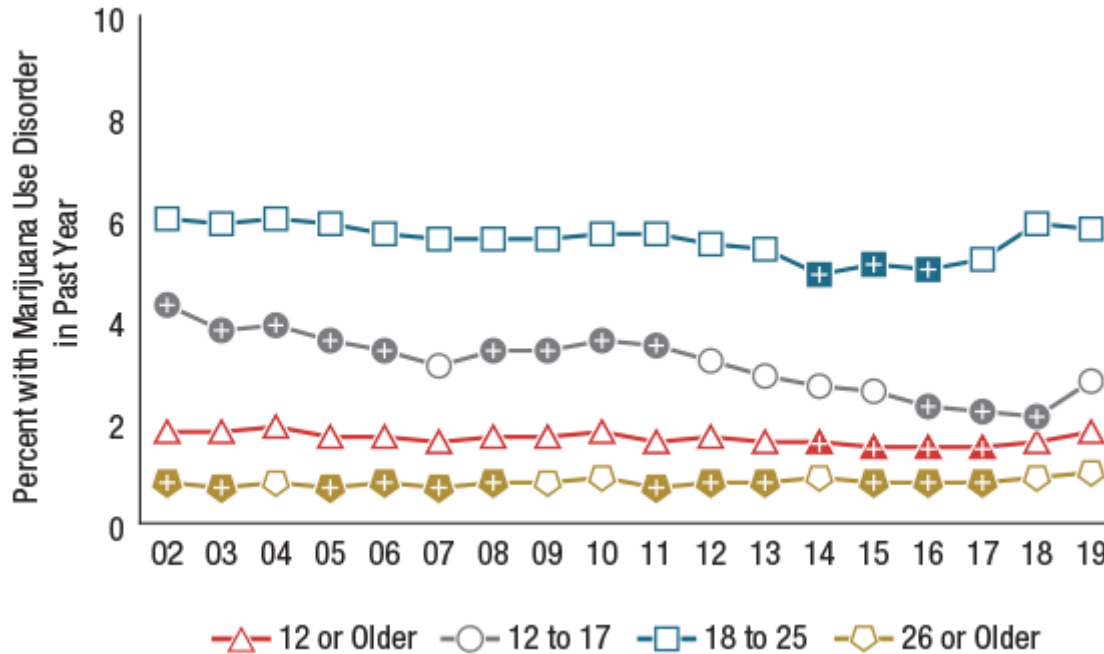
Rx = prescription.

Note: The estimated numbers of people with SUDs are not mutually exclusive because people could have use disorders for more than one substance.

¹ Includes data from all past year users of marijuana, cocaine, heroin, hallucinogens, inhalants, methamphetamine, and prescription psychotherapeutic drugs (i.e., pain relievers, tranquilizers, stimulants, or sedatives).

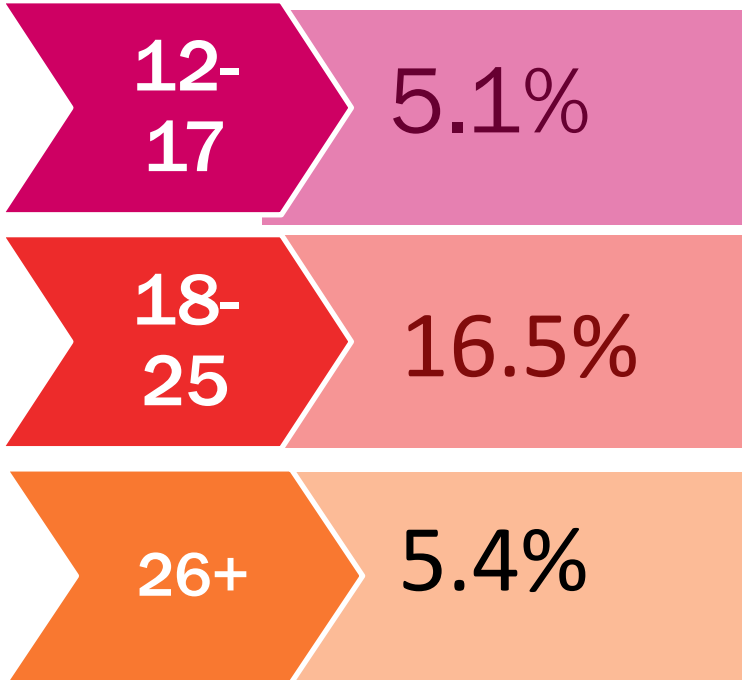
² Includes data from all past year users of the specific prescription drug.

2020 NSDUH Data: Cannabis Use Disorder Rates over Time



Rates of CUD by Age Group, 2022

NSDUH, SAMHSA, 2023





Questions?

Cannabis and Psychosis

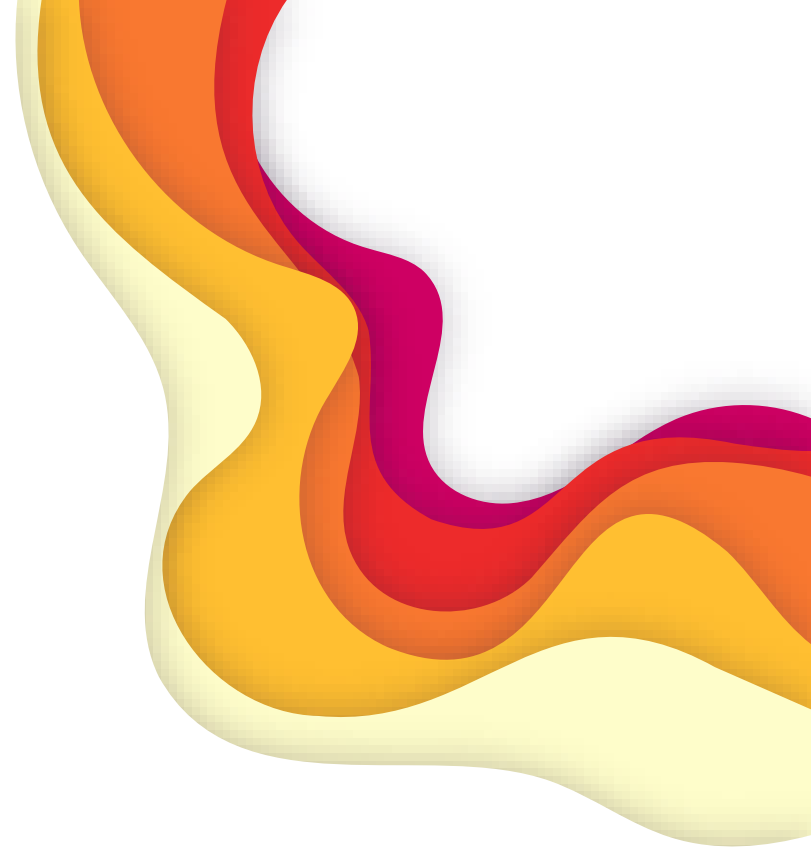


Delta-9 THC



Poll: What percentage of young adults with psychosis use cannabis?

- A) 80-90%
- B) 35-45%
- C) 25%



Prevalence

- 3.7 million Americans have a schizophrenia spectrum disorder
- 70% experience first episode of psychosis before age 25
- 35-45% of young adults experiencing psychosis (YA-P) use cannabis



Prevalence

- YA-P and those at risk for psychosis report a greater “high” from cannabis
- 1 in 4 YA-P meet criteria for a cannabis use disorder
 - Rates of CUD in general population of young adults (18-25) was 5% (2019), 2022 is 16.5%

Development of Psychosis

- Use of cannabis increases risk of psychosis
- Longitudinal and cross-sectional studies
- U.S. and international studies have shown increase in psychotic disorders with higher THC cannabis availability



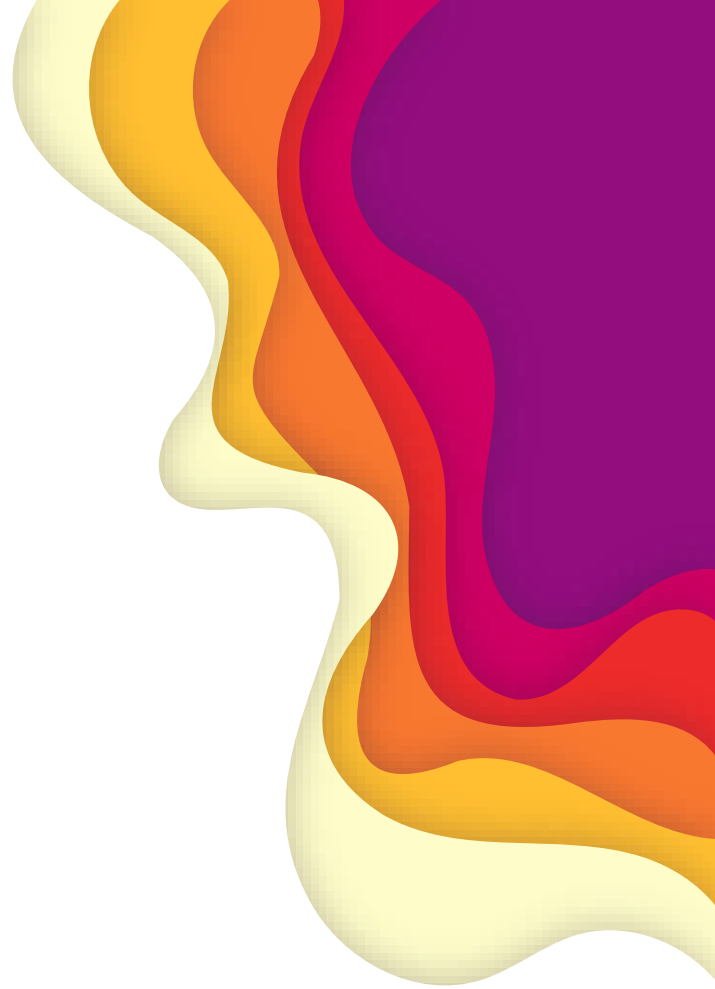
Development of Psychosis

- Cannabis use lowers the age of onset of psychosis

Large, Sharma, Compton, Slade, & Nielssen, 2011; Di Forti, Sallis, Allegri, Trotta, Ferrar, et al. 2014

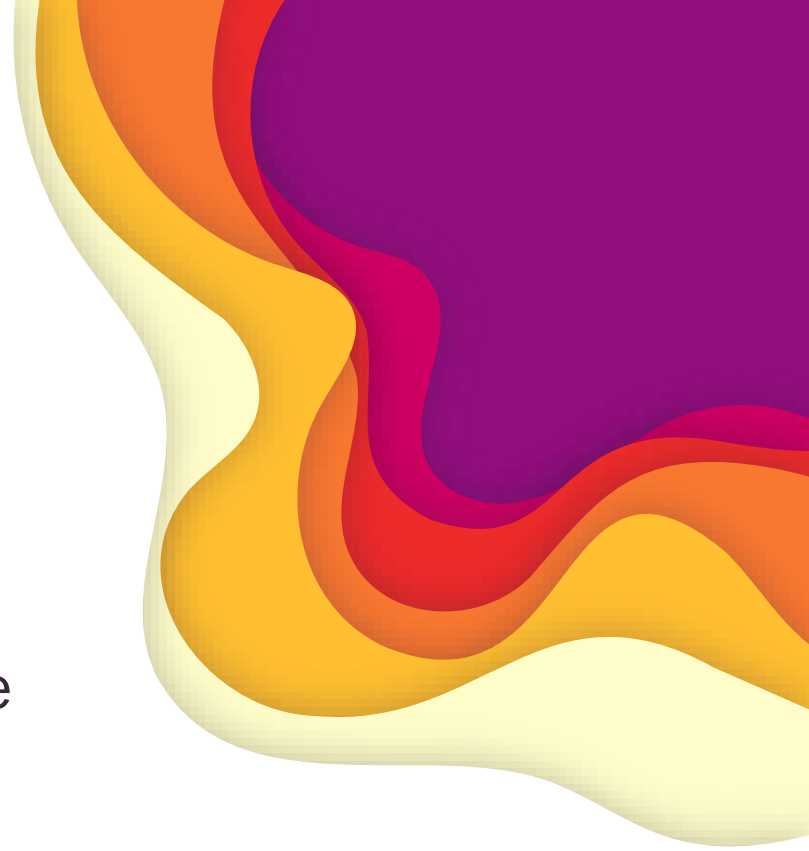
Development of Psychosis

- Daily high potency cannabis use increases risk of development of psychosis by 5 times
 - Frequent use
 - “High” potency THC



Cannabis & Psychosis Treatment

- Persistent cannabis use is associated with:
 - More severe positive and negative symptoms
 - Higher rates of relapse and rehospitalizations



Cannabis & Psychosis Treatment

- Persistent cannabis use is associated with:
 - Poorer psychosocial functioning and recovery
 - Poorer adherence to antipsychotic medications
 - Increased mental health treatment drop out



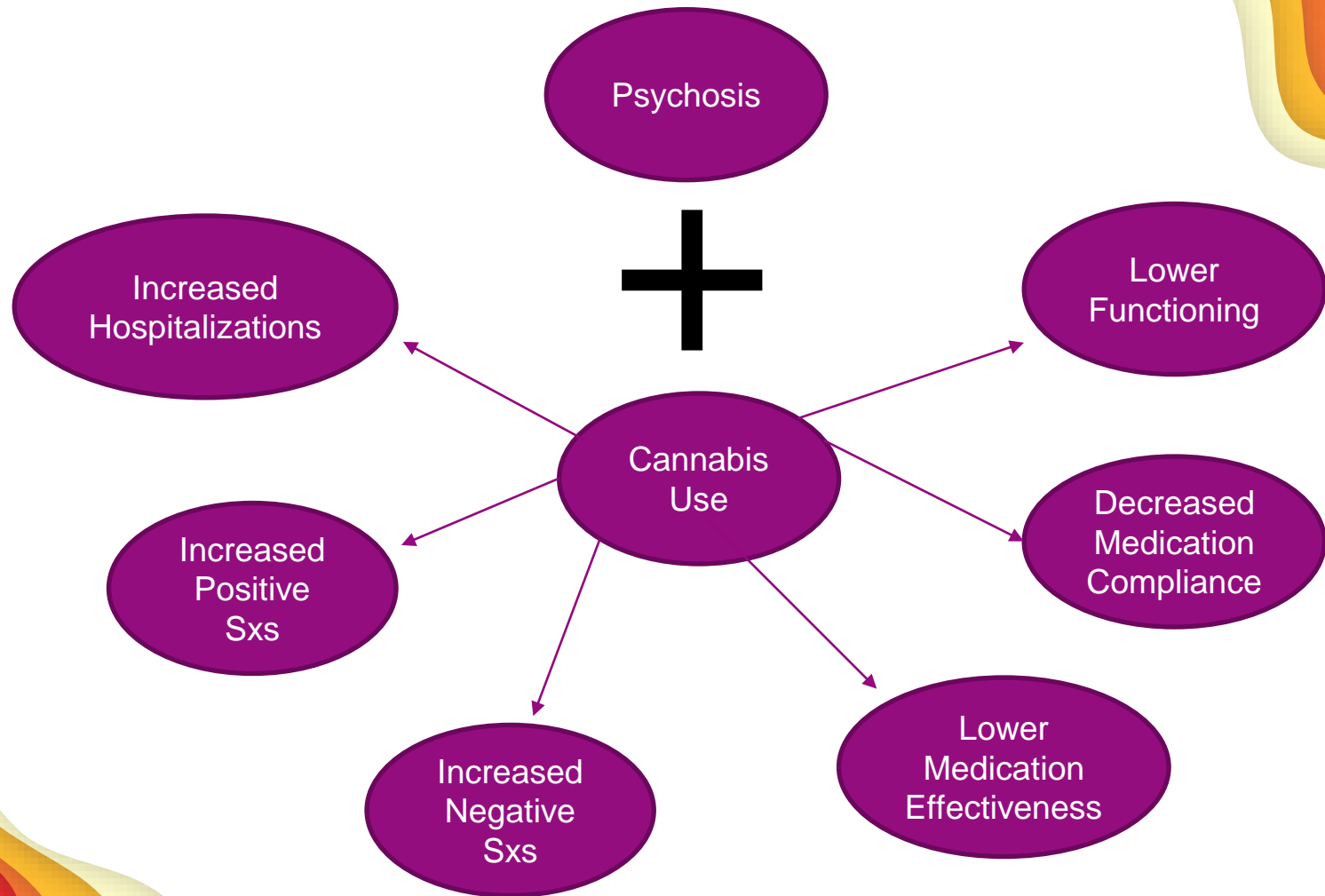


Fig. 1. Global Assessment of Functioning (GAF) Outcome by Cannabis Use Group.

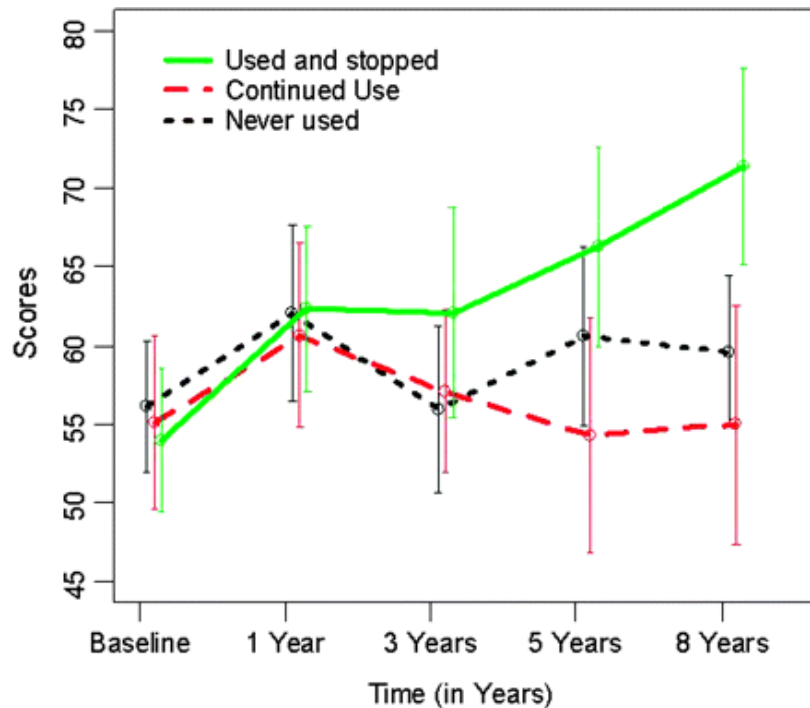
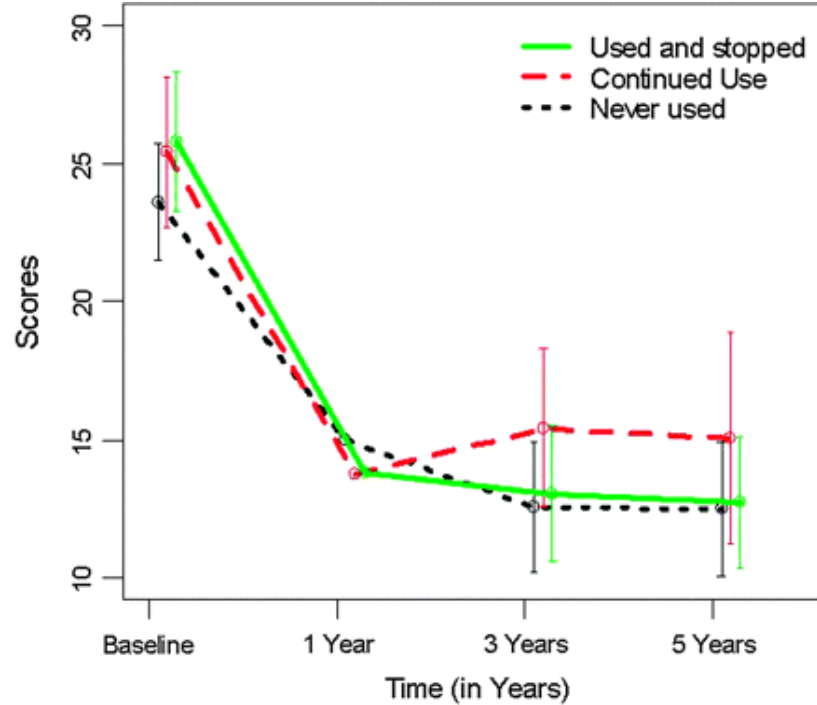


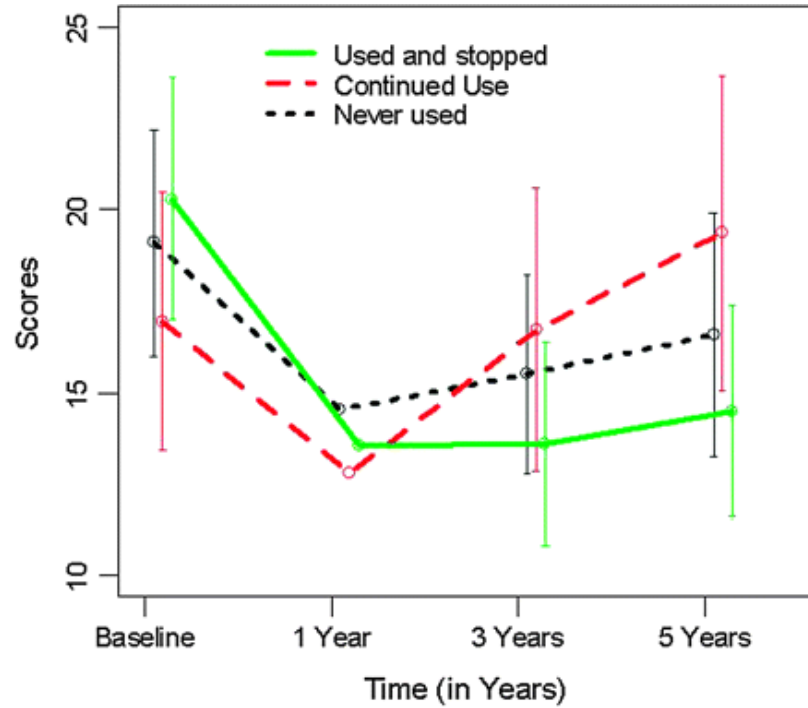
Fig. 2. Positive and Negative Symptoms Scale (PANSS) Positive Symptoms Outcome by Cannabis Use Group.



Pinto, Alberich, et al., *Schizophr Bull*, Volume 37, Issue 3, May 2011, Pages 631–639, <https://doi.org/10.1093/schbul/sbp126>

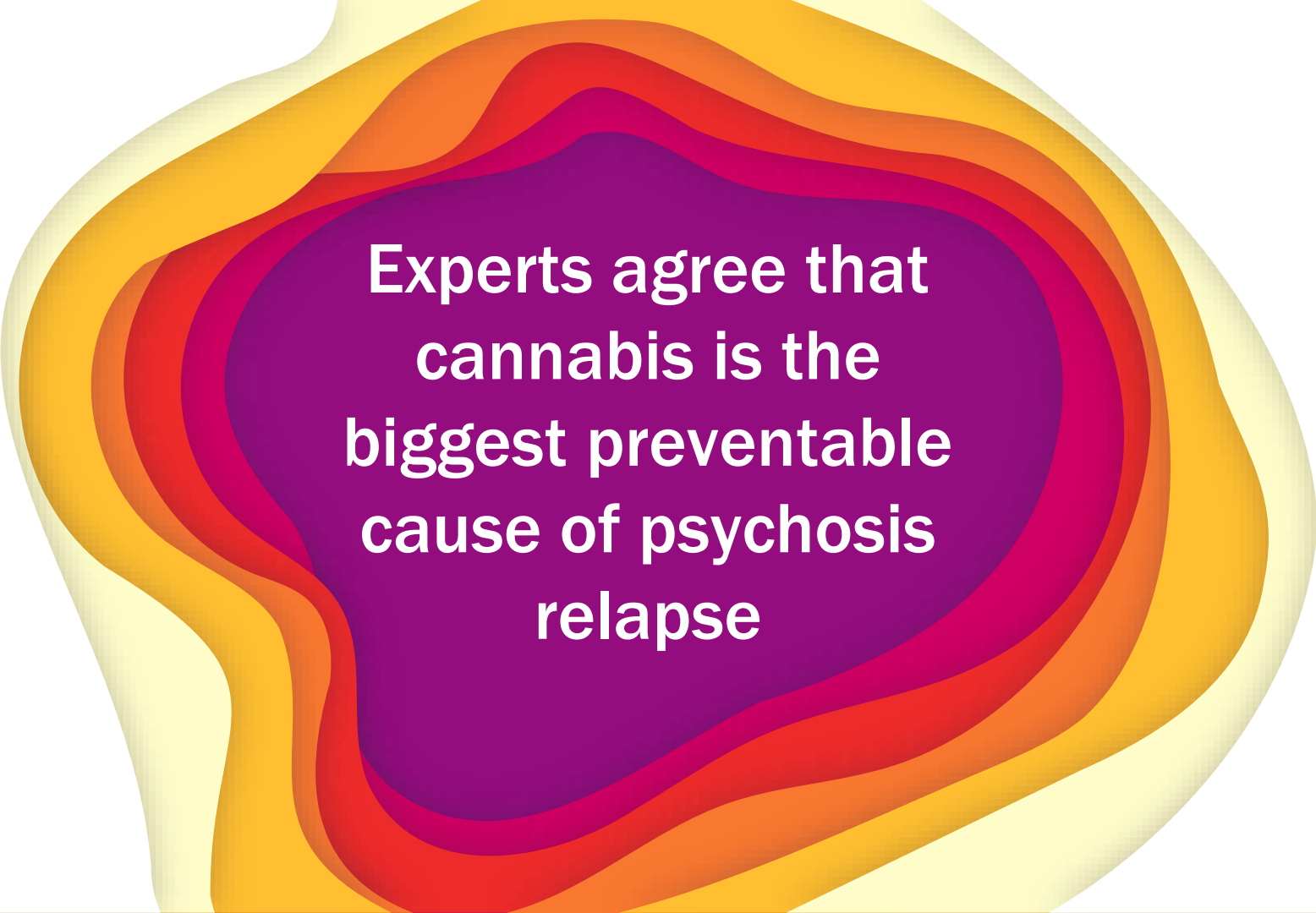
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Fig. 3. Positive and Negative Symptoms Scale (PANSS) Negative Symptoms Outcome by Cannabis Use Group.



Schizophrenia has no cure

- Lifelong and debilitating condition
- Many who experience schizophrenia-form disorders cannot work
- Relapse is associated with poor functional and psychosocial outcomes
- Costly – estimated at over \$37 billion in the U.S.

A stylized brain silhouette with a color gradient from yellow to purple, containing text about cannabis and psychosis relapse.

**Experts agree that
cannabis is the
biggest preventable
cause of psychosis
relapse**

Need for Cannabis Intervention

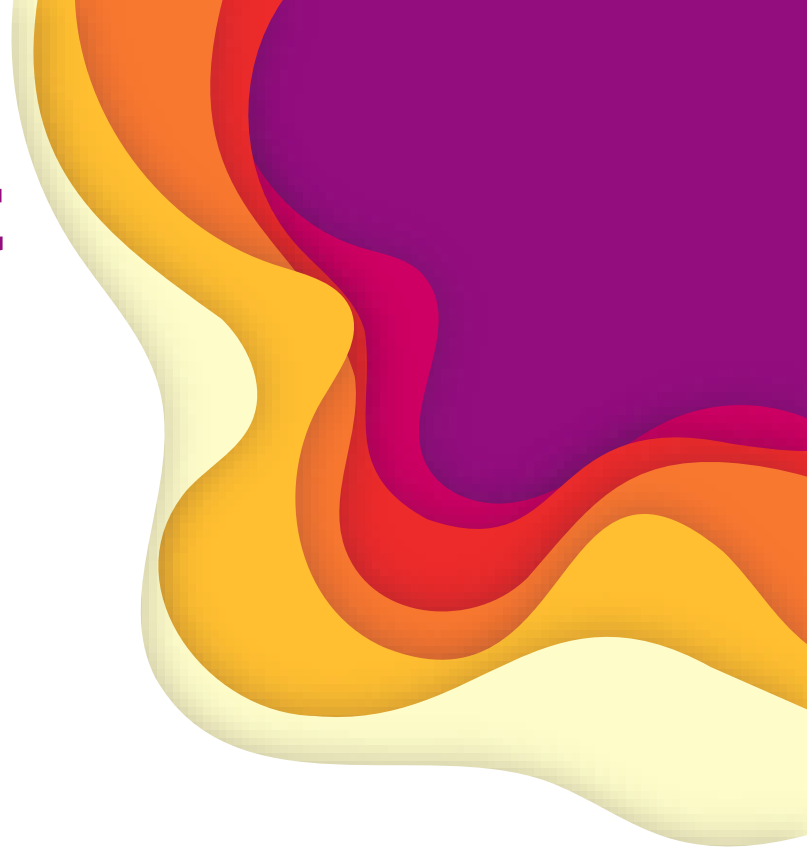
- Urgent need for services to focus on cannabis reduction in this population
- To date, no evidence-based cannabis intervention identified for YA-P
- Providers who treat individuals with serious mental illness feel ill-equipped to address cannabis
 - More confident to address alcohol
 - More evidence-based educational materials are needed specifically for cannabis

Cannabis Treatment

- 30-year history of cannabis intervention studies
- Several studies have focused on non-treatment seekers
- Motivational Enhancement Therapy – most studied intervention

Cannabis Treatment

- MET
- Cognitive Behavior Therapy
- Contingency Management
- MET + CBT + CM
- Adolescents: Family Therapy



Motivational Enhancement Therapy (MET)

Length	1-4 Sessions
Delivery	In-Person, Phone, Computer
Style	Motivational Interviewing
Content	Review of Personal Feedback Report , which includes: <ul style="list-style-type: none">• Normative Data• Summaries of<ul style="list-style-type: none">• Recent patterns of behavior• Consequences• Risk Factors• Personal Goals
Principles	To facilitate a candid exploration of his/her substance use or behavior, including: <ul style="list-style-type: none">• Costs & Benefits• Comparison with others• The impact on goals and relationships

Motivational Enhancement Therapy

Pre-Tx

Utilized in opportunistic settings and in check-up models to attract non-treatment seekers

TX

As treatment or as a component for tx in combination with CBT and /or Contingency Management

Post-tx

Maintenance or aftercare following treatment or brief intervention

Need for Cannabis Intervention- MET

- Motivational enhancement therapy has been shown to be effective with adolescents, college students, and adults
- Applied to pre-treatment, treatment and maintenance
- Has not been tested among YA-P



Why the disconnect?

- Cannabis intervention among psychosis populations has failed to demonstrate robust efficacy
- Interventions tested were MI vs. MET
- Outcomes were often abstinence-based vs. harm reduction

Qualitative Study

- Aim was to inform the development/adaptation of a combined cannabis intervention to reduce cannabis use among young people with psychosis
- Intervention would involve an individual intervention for YA-P and skills training for family members of YA-P
- We asked what facilitated and what got in the way of talking about cannabis

Qualitative Study

We conducted 8 focus groups

n=16

YA-P

n=14

Providers
of YA-P

n=8

Family
members
of YA-P

Intervention Implications

1

Science-based psychoeducation on risks of cannabis use to psychosis maintenance, relapse and rehospitalization

2

Counseling style should be non-confrontational, non-judgmental and supportive; Intervention individualized

3

Harm reduction strategies emphasized (low THC, less use) for those not ready to quit

Cannabis Assessment



Challenges

- No standardization of dose
- Alcohol: 12 oz beer = 5 oz of wine = 1.5 oz of spirits
- Edibles – 10mg of THC = 1 dose
- Variety of products, methods of administration, and THC content
- Regulated market can make this easier with labeling

US Standard Drink Sizes



12 ounces
5% ABV beer



8 ounces
7% ABV malt liquor



5 ounces
12% ABV wine

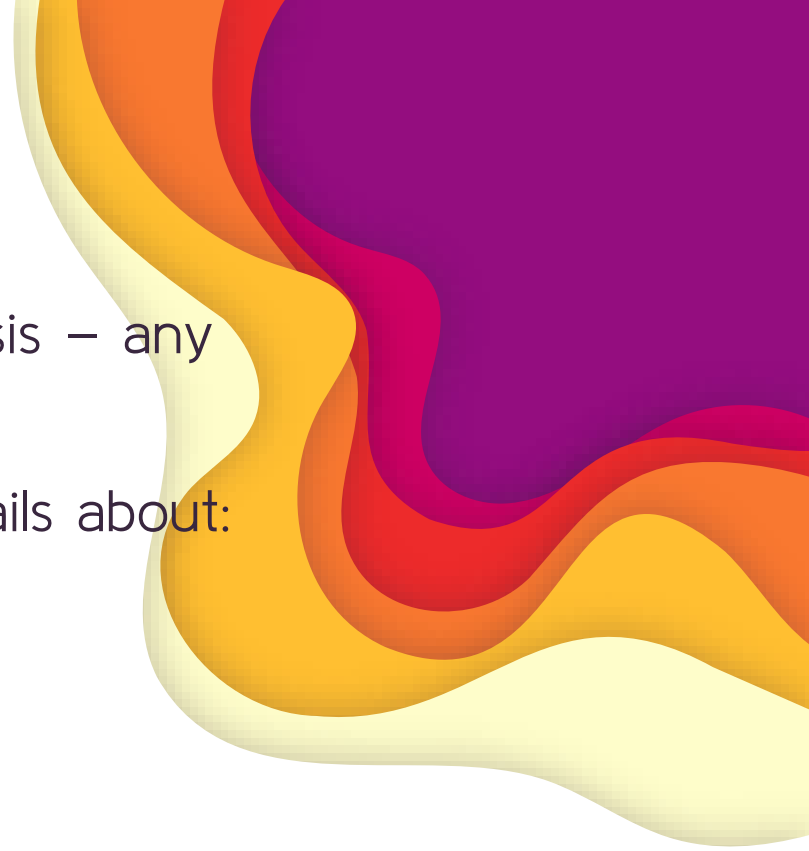


1.5 ounces
40% (80 proof)
ABV distilled spirits
(gin, rum, vodka,
whiskey, etc.)

ABV = Alcohol by Volume

Cannabis Assessment

- For individuals experiencing psychosis – any use incurs risk
- Conversational approach – ask details about:
 - Products
 - Administration
 - Frequency/quantity
 - Hours high
 - Consequences



Conversational Approach – Use Open Questions

- Use open-ended questions
 - “Tell me about your cannabis use.”
 - “How does cannabis fit into your week?”
 - “On a day that you use, walk me through from morning to night, what that looks like.”
 - “How and what do you prefer to use?”
 - “Describe for me the how, how much, and how often of your use.”

Conversational Approach – Tailored

- Sometimes closed questions work better for certain clients
 - Products –
 - “What products do you typically use?”
 - Administration –
 - “How do you use your cannabis? Smoke, vape, dab, eat?”
 - Frequency/quantity –
 - “How often do you use?”
 - Hours high –
 - “When you use, how many hours out of the day are you high?”

Cannabis Use Disorder Identification Test – Revised

- Screening measure similar to the AUDIT
- 8 items, self-administered
- Items on: use frequency, hours high, not able to stop, causing problems, time spent using/high, thinking about cutting down, using in dangerous situation, etc.

The Cannabis Use Disorder Identification Test - Revised (CUDIT-R)

Have you used any cannabis over the past six months? Yes _____ No _____

If you answered "Yes" to the previous question, please answer the following questions about your cannabis use. (Circle the response that is most correct for you in relation to your cannabis use over the past six months.)

1. How often do you use cannabis?
Never 0 Monthly or less 1 2-4 times a month 2 2-3 times a week 3 4+ times a week 4

2. How many hours were you "stoned" on a typical day when you had been using cannabis?
Less than 1 0 1 or 2 1 3 or 4 2 5 or 6 3 7 or more 4

3. How often during the past 6 months did you find that you were not able to stop using cannabis once you had started?
Never 0 Less than monthly 1 Monthly 2 Weekly 3 Daily/almost daily 4

4. How often during the past 6 months did you fail to do whatever was usually expected from you because of using cannabis?
Never 0 Less than monthly 1 Monthly 2 Weekly 3 Daily or almost daily 4

5. How often in the past 6 months have you devoted a great deal of your time to getting, using, or recovering from cannabis?
Never 0 Less than monthly 1 Monthly 2 Weekly 3 Daily/almost daily 4

6. How often in the past 6 months have you had a problem with your memory or concentration after using cannabis?
Never 0 Less than monthly 1 Monthly 2 Weekly 3 Daily or almost daily 4

7. How often do you use cannabis in situations that could be physically hazardous, such as driving, operating machinery, or caring for children?
Never 0 Less than monthly 1 Monthly 2 Weekly 3 Daily/almost daily 4

8. Have you ever thought about cutting down, or stopping, your use of cannabis?
Never 0 Yes, but not in the past 6 months 1 Yes, during the past 6 months 4

This questionnaire was designed for self-administration and is scored by adding self-rated ratings.
Questions 1-7 are processed on a 0-4 scale.
Question 8 is scored 0, 1, or 4.
Score: _____

Scores of 0 or more indicate hazardous cannabis use, while scores of 11 or more indicate a possible cannabis use disorder for which further intervention may be required.

ADAPTED FROM: HARRISON AND WILSON (1997), WHO'S ASSISTANT DIRECTOR GENERAL ON DRUGS AND HEALTH. ORIGINAL SOURCE: THE AUDIT ALCOHOLISM ASSISTANT DIRECTOR GENERAL ON DRUGS AND HEALTH. ORIGINAL SOURCE: 1997.

Cannabis Intervention

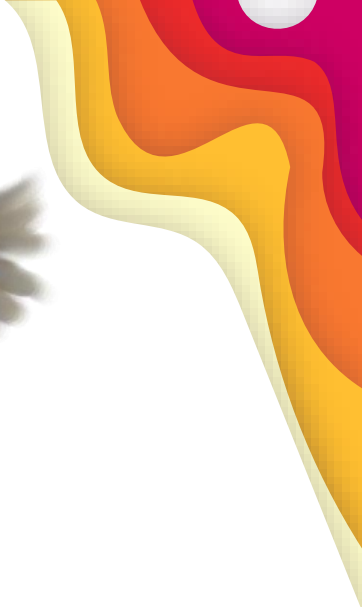
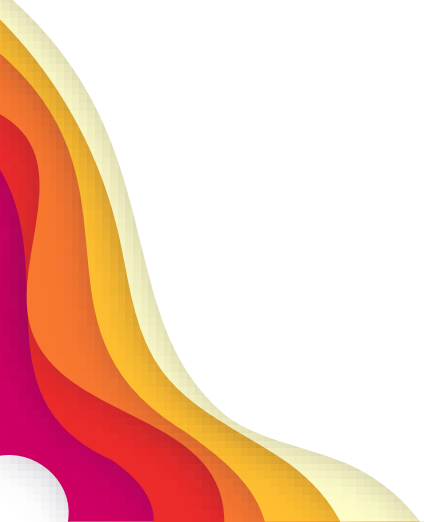
Motivational Enhancement Therapy



What is the most common struggle regarding cannabis and your patients?

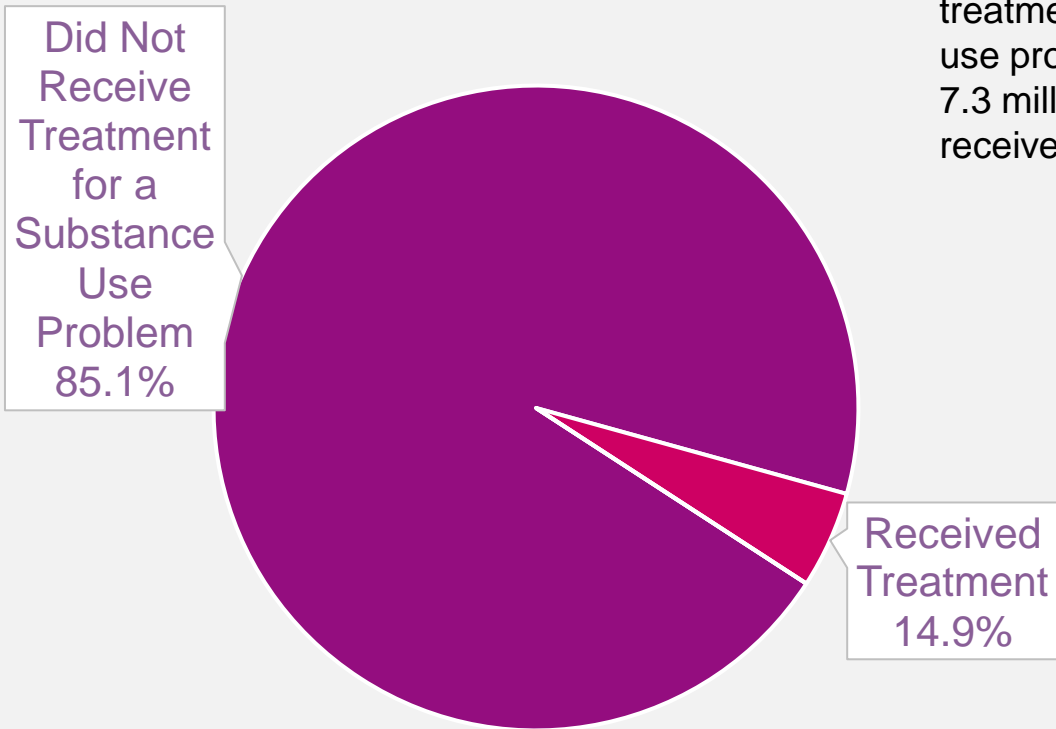
- A) Motivation – they don't think their cannabis use is a problem
- B) I'm not sure how to help patients stop or reduce cannabis
- C) Lack of appropriate referral resources to substance abuse clinics
- D) Other







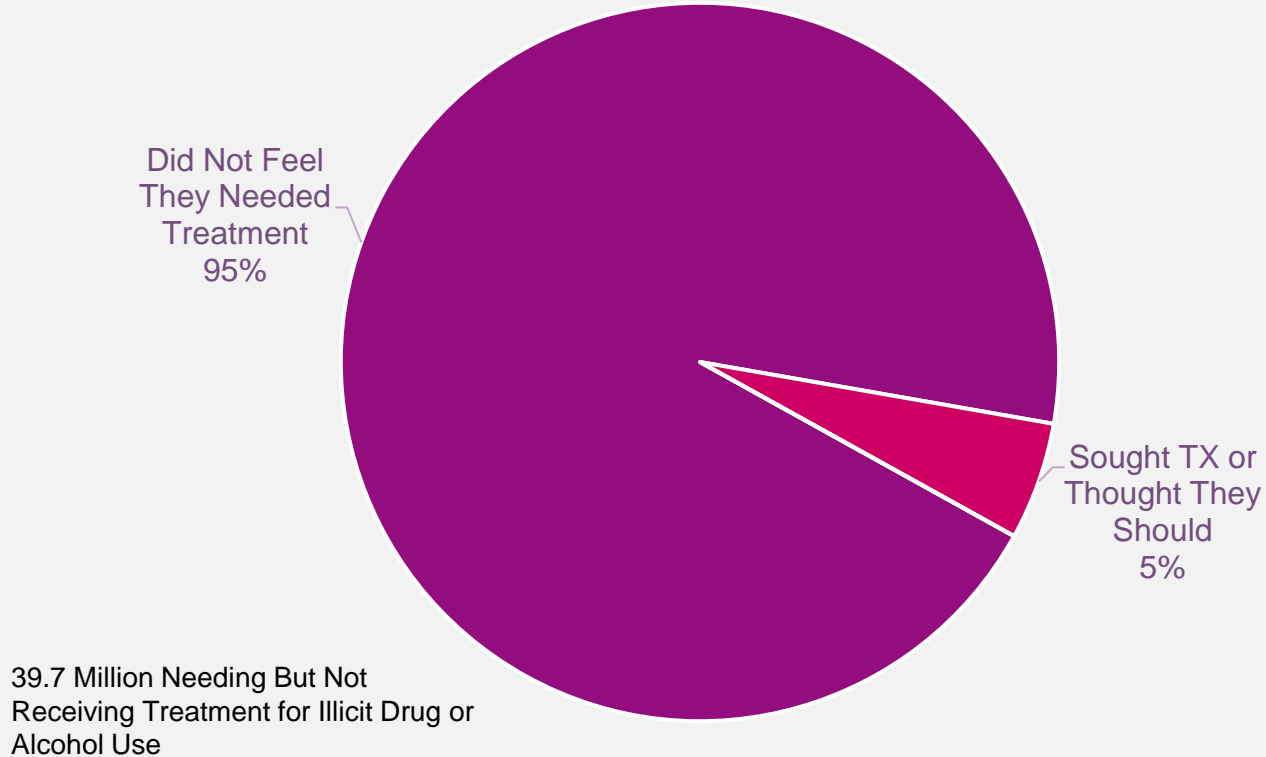
Substance Abuse Treatment Need in U.S. NSDUH 2023



48.7 million persons aged 12 or older needed treatment for a substance use problem.
7.3 million persons received treatment

Perceived Need for Treatment

NSDUH, 2023





The Challenge:

- This suggests the need to develop and market interventions that:
 - Reach more people
 - Increase motivation for change
 - Encourage treatment entry when appropriate

Motivational Enhancement Therapy (MET)

Length

1 to 4 Sessions

Delivery

In-Person, Phone, or Computer

Style

Motivational Interviewing

Motivational Enhancement Therapy (MET)

Content

Review of Personal Feedback Report, including,

- Normative Data
- Summaries of...
 - ✓ Recent patterns of behavior
 - ✓ Consequences
 - ✓ Risk factors
 - ✓ Personal goals

Motivational Enhancement Therapy (MET)

Principles

To facilitate a candid exploration of his/her substance use or behavior, including,

- Costs & benefits
- Comparison with others
- The impact on goals and relationships

Teen Marijuana Check-Up



Erase Barriers

In-School MET
Intervention

No Pressure,
No Judgment

Individual
Sessions

Not Treatment

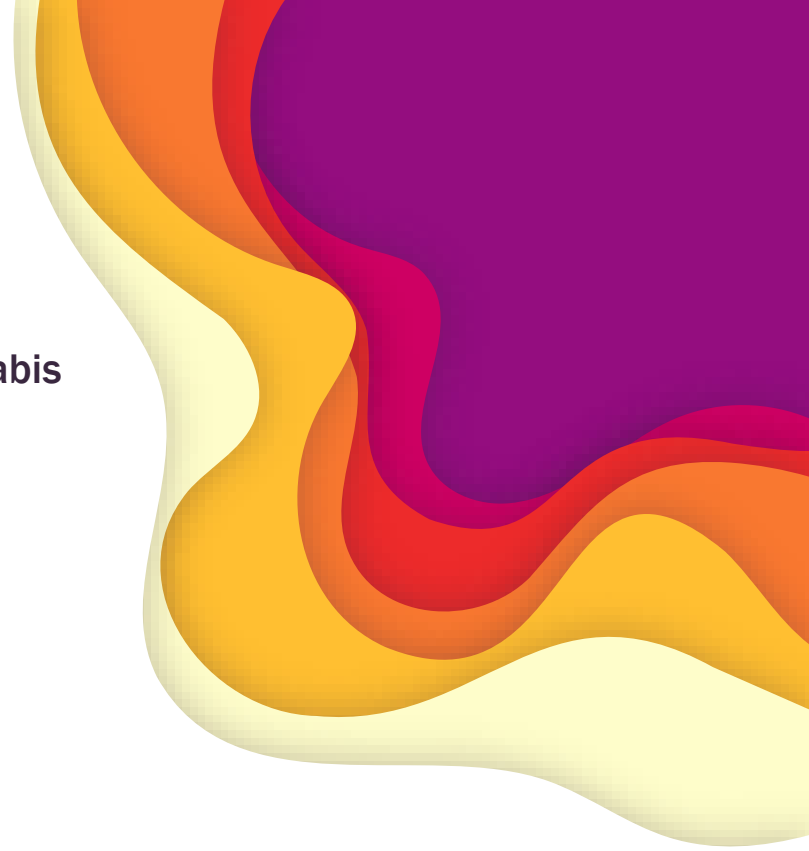
Computerized
Assessment

Brief

No Parental
Consent
Required

Does it Work?

- 5 trials conducted
- Adolescents will volunteer to participate in a cannabis intervention (700+ teens over 5 trials)
- Can attract a heavy using sample
- Treatment naive
- High levels of:
 - Cannabis abuse and dependence
 - Clinical severity – samples look similar to tx studies
- MET reduces cannabis use more than Education or a Delayed control condition
- Engagement in abstinence based tx was low



What does it look like?

- Teen Marijuana Check-Up - example
- Assessment
- 2 Intervention Sessions
 - Motivational Interviewing (MI)
 - MI + Personalized Feedback

Motivational Interviewing

Review



Motivational Interviewing in a Nutshell

- MI is a way of communicating that enhances motivation to change.
- People tend to be more motivated by what they hear themselves say.
- MI is interested in hearing the client voice their own personal reasons for change.





PARTNERSHIP



Both the client
and the counselor
bring expertise to
the interaction



In MI, we don't assume we have all the answers.

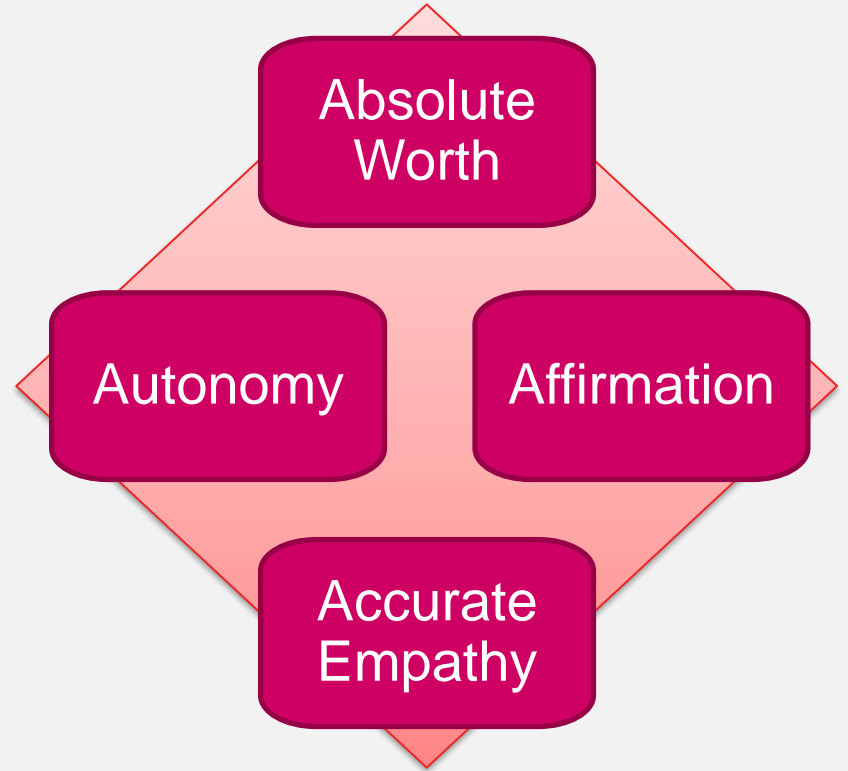
EVOCAATION

“You have what you need, and together we will find it.”





ACCEPTANCE



Affirmation Activity

- **Think of someone who you really appreciate.**
 - Maybe someone who has provided support or encouragement, tangible help, or just modeled an attitude or attribute that you would like to emulate.
- **Take 2 minutes to text that person and affirm a quality of theirs that you appreciate.**

MI Spirit

- Thinking about the “spirit” of MI – Collaboration, Evocation, Affirmation and Acceptance, identify one or two things you are already doing in your work.
- How do you demonstrate collaboration, evocation, affirmation or acceptance to your clients?



Fundamental MI Skills - OARS



Open-Ended Questions

Affirm

Reflection

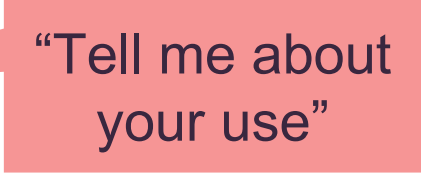
Summary

Open Ended Questions

- Questions that can't be answered with yes/no, or one word
- Ask for elaboration
- Invite conversation on a particular topic
- Explore – values, behaviors, consequences, ideals, successes, goals, beliefs, experiences, feelings



“Tell me more”



“Tell me about your use”

Converting Closed Questions

“Have you been in treatment before?”

“Does your cannabis use make your psychosis worse?”

“Do you you use edibles or vape products?”

“Do you drink or use drugs?”

“Do you know that cannabis is related to rehospitalization?”

Converting Closed Questions

“Have you been in treatment before?”

“Tell me about your tx experiences?”

“Does your cannabis use make your psychosis worse?”

“How does your cannabis use affect your symptoms?”

Converting Closed Questions

“Do you use edibles or vape products?”

“What types of cannabis products do you use?”

“Do you drink or use drugs?”

“Tell me about your substance use”

Converting Closed Questions

“Do you know that cannabis is related to rehospitalization?”

“What do you know about the risks of cannabis for psychosis?”

AFFIRM

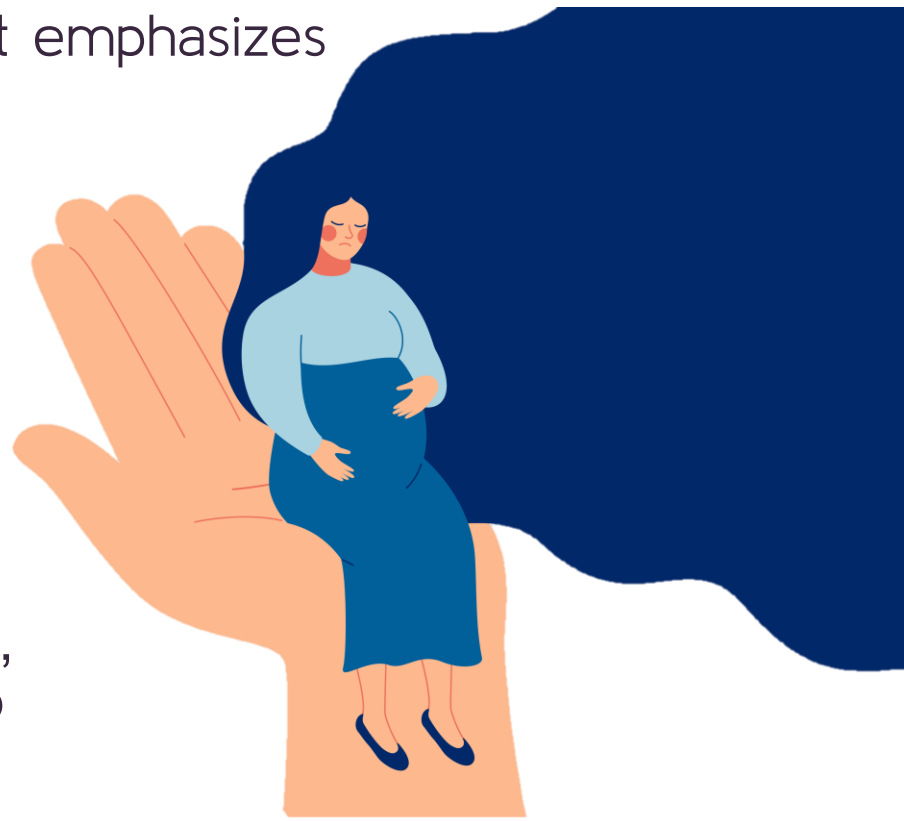
Seeking every opportunity to highlight the person's strengths, positive qualities, and actions

- Past successes
- Struggles and desires
- Current or past efforts to improve things
- The humanity, character, spirit of the client



Affirmations

- Special form of reflection that emphasizes strengths
- Builds self-efficacy, orients people to their resources
- Must be **personal** and **genuine**
- Acknowledge client's efforts
- Appreciation of client's attributes, effort, perseverance, showing up



Affirmation examples

Demonstrate hope,
support, or caring

“You’re in a really
rough spot.”

Show appreciation for
values

“You value honesty and
hiding your use doesn’t
feel honest.”

Recognize strengths

“You care deeply about your
family.”

Reinforce behaviors,
successes, or intentions

“Even though it is scary, you’re
determined to find work.”

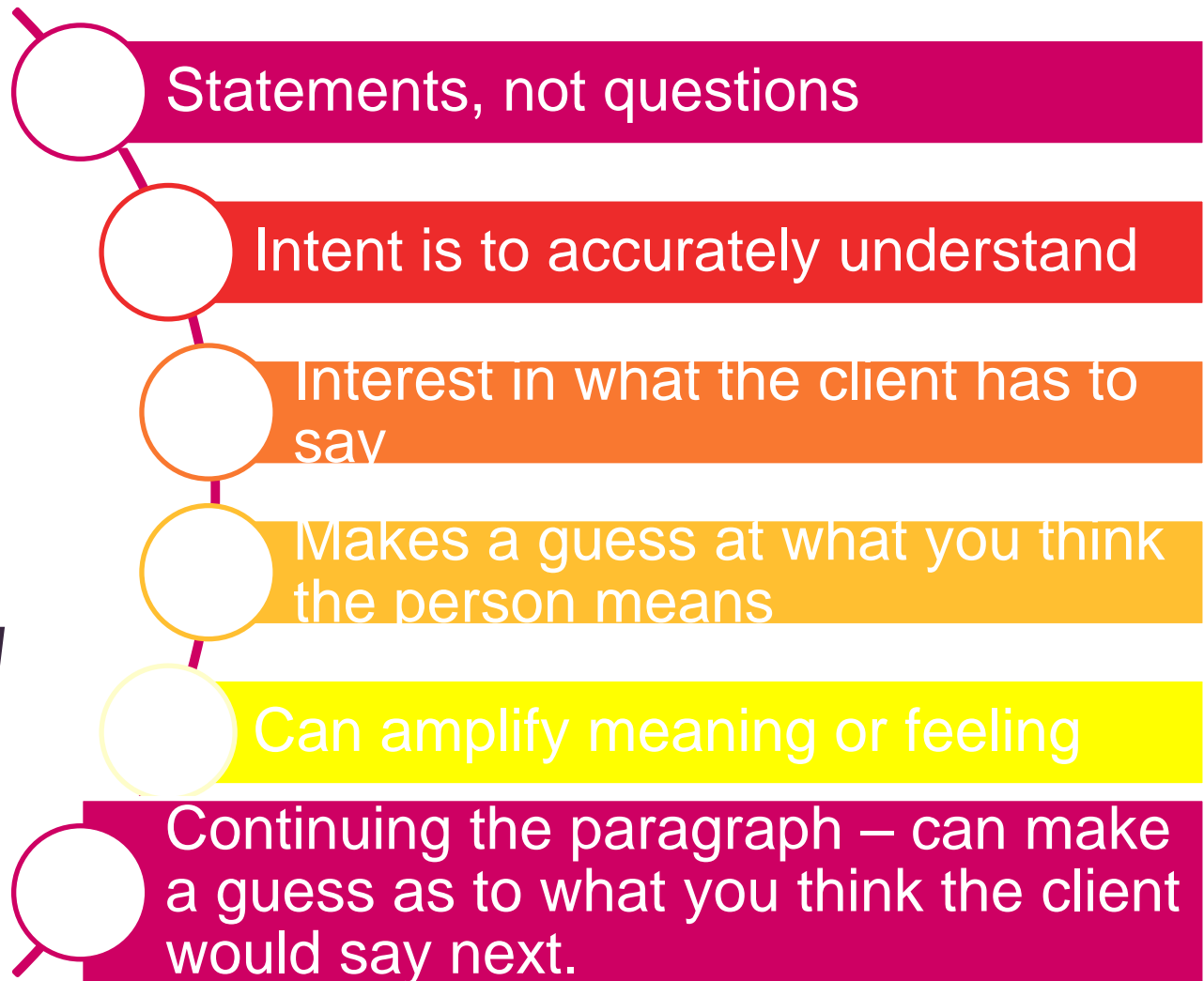
Journal

Think of a time when you were recognized for something you did or just the way you are – and it was unexpected.

What did the person say and how did it make you feel?



**Reflective
Listening:
Foundational
Skill**





You're tired?

You're tired.



You want to learn ML?

You want to learn ML.

Levels of Reflection

Simple

- Repeat or restates
- Adds little or nothing to what has already been said

Complex

- Adds some meaning or emphasis to what a person has said
- Guesses at the unspoken





"I have been anxious lately. I keep trying things other than smoking to help myself feel better, but nothing seems to work except weed."

Smoking helps your mood.



SIMPLE

You're working hard to solve this problem. You'd like to be able to feel more like yourself without weed. You're a little worried that might not be possible.



COMPLEX

Cannabis is the **ONLY** way for you to feel less worried.



AMPLIFIED

Smoking feels like it helps your mood and at the same time, you wish there was something else that worked.



DOUBLE-SIDED

Change-Talk



- Specific to MI
- Any statement a client makes in favor of change
- Opposite is “sustain talk” – statements made in favor of staying the same
- Expresses advantages for change, optimism for change, disadvantages of staying the same
- Desire, ability, reasons or need for change
- Willingness or intention to change

Change-Talk in the Context of Psychosis

How is cannabis getting in the way of...

- functioning,
- life goals
- immediate goals?

Change talk for cannabis can be centered on interest or desire for...

- learning coping skills
- being more social or
- avoiding rehospitalization



Change Talk

You are looking for change talk throughout any MI interaction.

I don't like how weed makes me less social.

I was using so much, that I was just checked out for everything.

I want to be less paranoid

I'm not ready for treatment but I could start using only at night.

I need to find a way to sleep without using.

Evoking Strategies for Change Talk

Asking Open-ended Questions

Evocative Questions

Using The Importance Ruler

Using the Confidence Ruler

Elaborating

Querying Extremes

Looking Back/ Looking Forward

Exploring Goals and Values



Create 1 question and 1 reflection that will evoke change talk for one scenario.

“I really don’t want to stop smoking, but I know I should. I’ve tried before, and it’s really hard.”

“Cannabis is like the one thing that I enjoy. With my symptoms, I just don’t find a lot of other things fun. I can smoke and forget my problems. It’s an immediate fix. Problems are still there when the high wears off, but it’s fun in the moment.”

“Before my hospitalization, I was using the really strong stuff and going way overboard on it. But now I use a lot less and I don’t think it affects my symptoms as much.”



Use motivational interviewing strategies to engage in conversations about cannabis

Met Session 1

Engaging



Rapport Building, Understanding Use

- *Today, I'd like to learn from you in your own words what your experiences have been like using cannabis. It's often different for different people and I'm curious how cannabis fits into your life.*

Therapist: What got you interested in talking about your marijuana use?	Open Ended Question
Student: I was trying to quit last month because of football, but I couldn't. And then I heard about this project and was interested. I am curious about how people stop and I want to learn more information about marijuana	
T: It was a combination of curiosity and worry	Reflection
S: Yeah, I chose this because I'm worried about school and basketball season starting now and need to do something about it	
T: You are a thoughtful person and you really care about your performance in sports and school	Reflection/affirmation
S: I'm just so off when I smoke and I can't play right and my grades go down. I can't concentrate	
T: You're really wanting to be sharper and you get frustrated that marijuana is getting in the way	Reflection
S: It seems so obvious. You can tell, "he's way off" and that's the reason why and yet I'm still smoking.	

Case Study -Demographics

- 22 y/o cisgender female
- Partnered
- In early psychosis program
- First episode of psychosis at 20
- History of depression and anxiety in childhood
- Chaotic upbringing
- High school degree

MET Session 1

Engaging

- I'm curious how you started using cannabis?
- What has changed since you started?
- Tell me about some of the things you get from using.
- How about the other side? What aspects of cannabis don't you like?

What are you listening for?

Change Talk!

- Specific to MI
- Any statement a client makes in favor of change
- Opposite is sustain talk – statements made in favor of staying the same
- Expresses advantages for change, optimism for change, disadvantages of staying the same
- Desire, ability, reasons or need for change
- Willingness or intention to change
- Specific to the change goal



MET Session 1

Digging for Change Talk

Directive probing for motivation/change talk

- Develop Discrepancies – *“You’ve mentioned that school is really important to you and that cannabis really impacts your memory and concentration. I’m curious how your use has impacted your performance at school.”*
- Reflect Ambivalence – *“You enjoy the effect weed has on you of making you feel more comfortable, not as anxious in social settings. And at the same time, you’ve noticed feeling more like you “need” weed these days and that doesn’t feel great to you. Tell me more about that.”*

MET Session 1

Exploring Values

- What is important to the client?
- Connect what the client values with cannabis use

I feel so guilty when I lie to my parents

You want to be an honest person and pot is getting in the way

I want to set a good example for my little brother

You don't want your little brother to think it's ok for him to use cannabis



MET Session 1

Looking Back

What has changed since you started using regularly?



MET Session 1

Envisioning the Future

- How do you see your life next year if you continue to use cannabis every day?
- Right now you feel comfortable with your cannabis use. What might be warning signs that you might want to make a change?



MET Session 1

Enhance Self-Efficacy

- Evocative Questions
 - “How has it gone when you’ve tried to quit in the past?”
 - “Has there ever been a time when you’ve taken a break? How did that go?”
 - “You’re clear that when you’re a mom, you don’t want to smoke. I know that’s far in the future, but how will that change happen?”
- Affirmations
 - “You have a lot of experience with what works and doesn’t when you’ve tried changing in the past.”
 - “You’ve really been thoughtful about how you want to limit your use.”
- Social Support
 - “Who will you look to for support when you make this change?”
 - “How will they respond and how will they help?”

Possible Outline for Session 1

-
- Tell me about your cannabis use.
 - What do you like about using?
 - What are the not so good things?
 - What have you noticed about how cannabis affects your psychosis symptoms?
 - What might be some benefits to reducing your use?
 - How confident are you that you could make a change if you wanted, on a scale of 1-10?

Rulers:

A tool for identifying motivation to change.



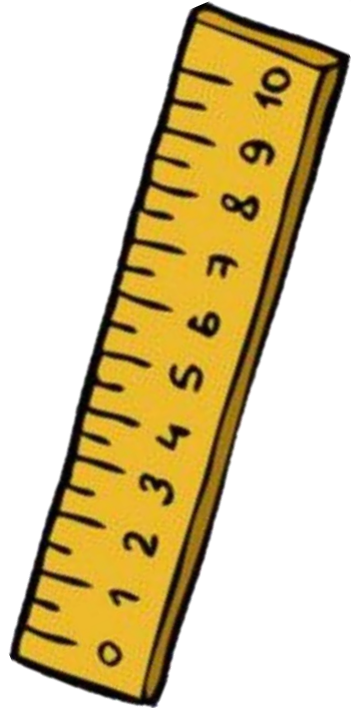
Importance: “On a scale from 0-10, how important is it to make this change?”

1	2	3	4	5	6	7	8	9	10
Not at all important									Extremely Important

Confidence: “On a scale of 0-10, how confident are you that you could make this change if you decided to?”

1	2	3	4	5	6	7	8	9	10
Not at all important									Extremely Important

Rulers: Explore Further



Confidence – possible follow-up questions:

“What is there about you (strengths, abilities, talents) that would help you do this?”

“How might you go about it in order to succeed?”

“What have you done successfully in the past that was like this in some way?”

MET Session 2

- 1) Rapport building**
- 2) Reflections on last session**
- 3) Review the personalized feedback report (PFR)**

The Check-Up

PERSONALIZED FEEDBACK
REPORT

Survey date: August 8th, 2023

Review date: August 11th, 2023

Your Past Cannabis Use

Here is what we learned about your cannabis use.

- 1 You first tried cannabis when you were **17** years old

24.34 % of **17** year-olds also tried cannabis*.



- 2 You started using cannabis regularly when you were **21** years old.

* Based on data from the National Survey on Drug Use and Health (NSDUH). Data can be found at: <https://nsduhweb.rti.org/respweb/homepage.cfm>. Data collected for ages 12 and up, 2021 results are most recent.

Giving Information



Ask

Give

Ask

Asking Permission

- Get permission prior to providing information
- Obtaining permission first can also be useful when a client asks for information
- Use autonomy-support language
 - Useful for sharing information about common responses to trauma, adaptive coping, services available...
 - Example:

“What you do with this information is up to you...”



Your Current Cannabis Use

In the past 30 days, on average you used cannabis **30** days per month.

Here's how often other people your age across the country have used cannabis in the last 30 days*:

- 75.66** % did not use cannabis
- 3.82** % used cannabis 1-2 days
- 2.98** % used cannabis 3-5 days
- 1.17** % used cannabis 6-9 days
- 15.45** % used cannabis 10+ days

*Based on data from the National Survey on Drug Use and Health (NSDUH). Data can be found at: <https://nsduhweb.rti.org/respweb/homepage.cfm>. Data collected for ages 12 and up, 2021 results are most recent.

Use at School, Work, or Treatment



During the past 60 days:

On average you used cannabis:

- 57** days before school or work
- 50** day during school or work
- 57** days before a mental health treatment appointment

Money Spent



In the last month you spent \$ **40** on cannabis.

That's \$ **480** per year.

You might be spending the money you'd otherwise spend on cannabis on:



Movies



Concerts



Take Out



Coffee



Clothes



Tech

Consequences of your Cannabis Use



These are the consequences you have experienced recently:

Consequence	
You kept using cannabis even though it kept you from meeting your responsibilities at:	
• Home (like doing chores, getting home on time)	
• School (like going to class, doing homework, studying for tests)	
• Work (like doing a good job, arriving on time, getting along with others)	
You used cannabis where it made the situation unsafe or dangerous for you, like when:	
• Driving a car or using a machine	
• You were in a situation where you might have been forced into sex or been hurt	
You had problems with the law because of your cannabis use	
You kept using even after you knew it was causing problems between you and the people around you	
You kept using even though it was keeping you from attending and participating in your mental health treatment.	
You kept using even though it was keeping you from taking your psychiatric medications.	

You reported **2** out of **6** types of consequences.



Red Flags of your Cannabis Use



The experiences below are red flags that cannabis use might have become a habit:

Experience	
You needed more cannabis to get the same high or found that the same amount did not get you as high as it used to	
You used cannabis in larger amounts, more often, or for a longer time than you meant to	
You were unable to cut down or stop using cannabis	
You spent a lot of time either: getting cannabis, using cannabis, feeling the effects of cannabis, or waiting for the effects to wear off	
Your use of cannabis caused you to give up, reduce, or have problems at important activities at work, school, home, or social events.	
You kept using cannabis even after you knew it was causing you problems with:	
Your health (breathing, coughing)	
• Your emotions (feeling less motivated, depressed, anxious)	
• Your memory or concentration	
• Your symptoms of psychosis	
You had withdrawal problems when you stopped using cannabis (like being irritable, anxious, having trouble sitting still or sleeping)	
You continued to use cannabis to avoid or stop withdrawal problems	
You had such strong urges to use cannabis that you could not think of anything else.	

You reported **6** out of **9** red flags.
Your risk of a serious pattern of use is:

High

Here is What We Learned about Your Recent Alcohol Use



During the past 30 days:

On average you drank alcohol on **1** days in the past month.

The most alcohol you used in one day was **12** drinks.

You have gotten drunk or had 5 or more drinks on **0** days.

Here is What We Learned about Your Recent Use of Other Drugs

During the past 60 days, you used on **30** days.

Use	Type	Number of Days
<input type="checkbox"/>	Cocaine	
<input type="checkbox"/>	Opiates	
<input type="checkbox"/>	Inhalants	
<input type="checkbox"/>	Hallucinogens	
<input type="checkbox"/>	Sedatives	
<input type="checkbox"/>	Stimulants	
<input type="checkbox"/>	Spice	
<input checked="" type="checkbox"/>	Cigarettes	30
<input type="checkbox"/>	Other	

Next Let's Explore Who's Important to You and Who You Can Count on for Help or Support

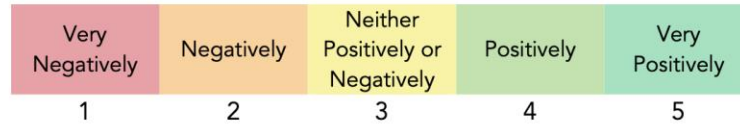


Person's name or initials	Does this person know about your cannabis use?	How does (or would) this person feel about your cannabis use?

Here are Your 5 Most Important Goals



Use this scale to rate how cannabis affects your goals.



My goal	My cannabis use affects this goal...	Reducing my cannabis use would affect this goal...
Be more independent		
Be successful		
Be happier		
Enjoy my free time		
Make more friends		

Which Represents You Today?



Feeling Good



Thinking about it



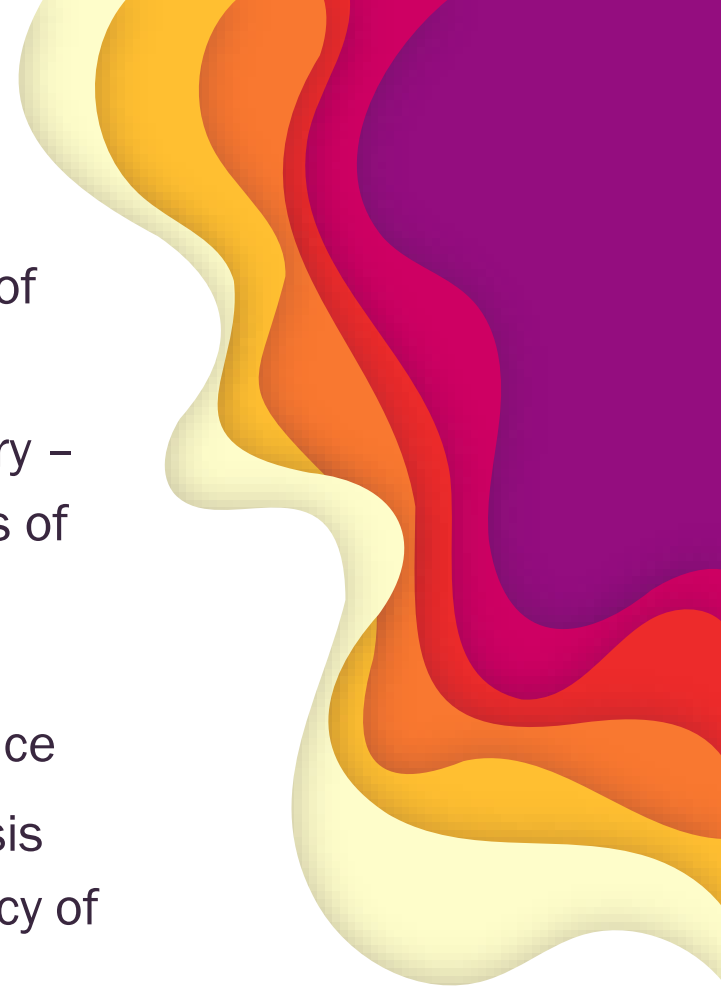
Want to make changes

Next Steps...



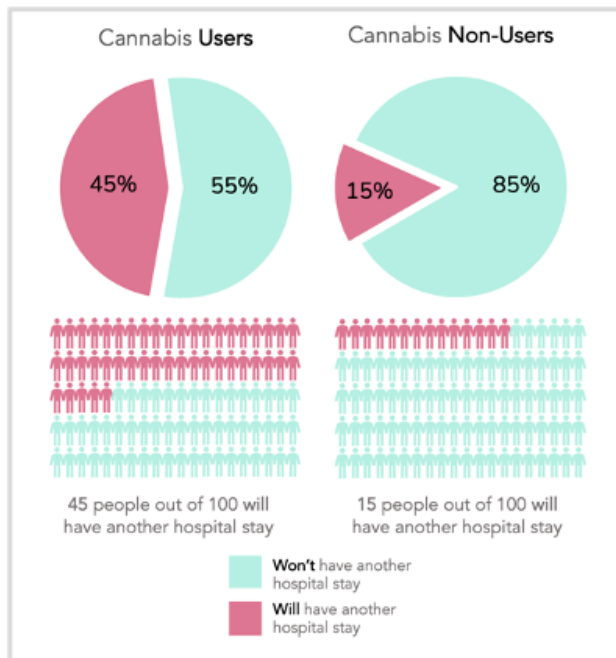
Ideas for Tailoring

- Areas of feedback can be thought of as topics of conversation that could increase motivation
- Cannabis and psychosis treatment and recovery – Provision of science-based information on risks of continued cannabis use
 - Increased risk for hospitalization
 - Increased risk for medication non-adherence
- Evidence for harm reduction to impact psychosis outcomes – decrease frequency of use, potency of products



Using Cannabis and Hospitalization for Psychosis

You indicated that you have been in the hospital for psychosis.
For most young people with psychosis, **regular cannabis use leads to more symptoms, which leads to more hospital stays.**



HOW CAN I REDUCE MY RISK FOR PSYCHOSIS AND CANNABIS DEPENDENCE?

ABSTINENCE ELIMINATES RISKS ASSOCIATED WITH CANNABIS.

You can lower your risk of psychosis and cannabis addiction by:

- 1** Reducing how often and how much cannabis you use
- 2** Using low potency cannabis (products that contain less than 10% THC)
- 3** Using cannabis products that have a high CBD to THC ratio



Research shows that individuals who experience psychosis who stop or reduce cannabis have:



Increased
Functioning



Lower chance of
psychosis relapse



Less positive
psychosis symptoms



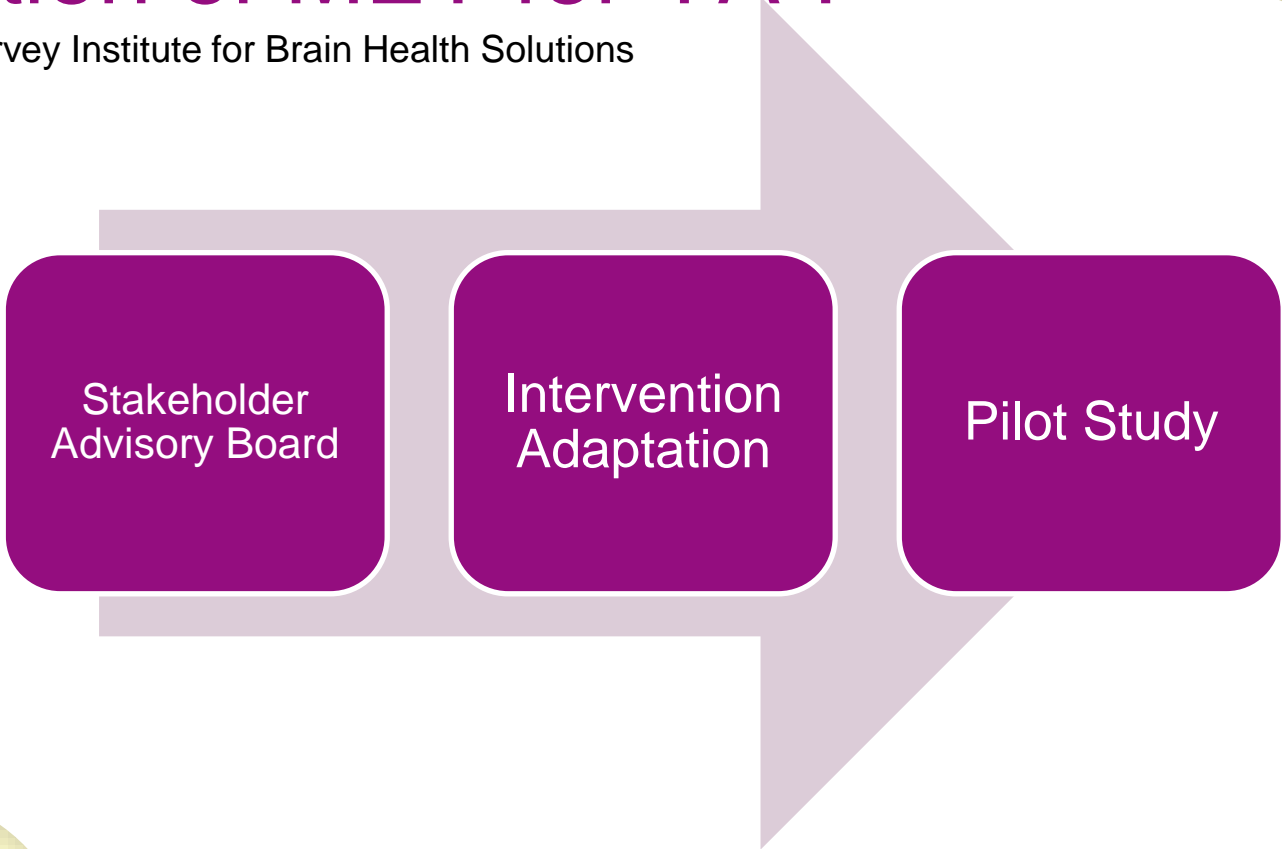
Less negative
psychosis symptoms



Questions?

Pilot Study – Adaptation of MET for YA-P

Funded by the Garvey Institute for Brain Health Solutions



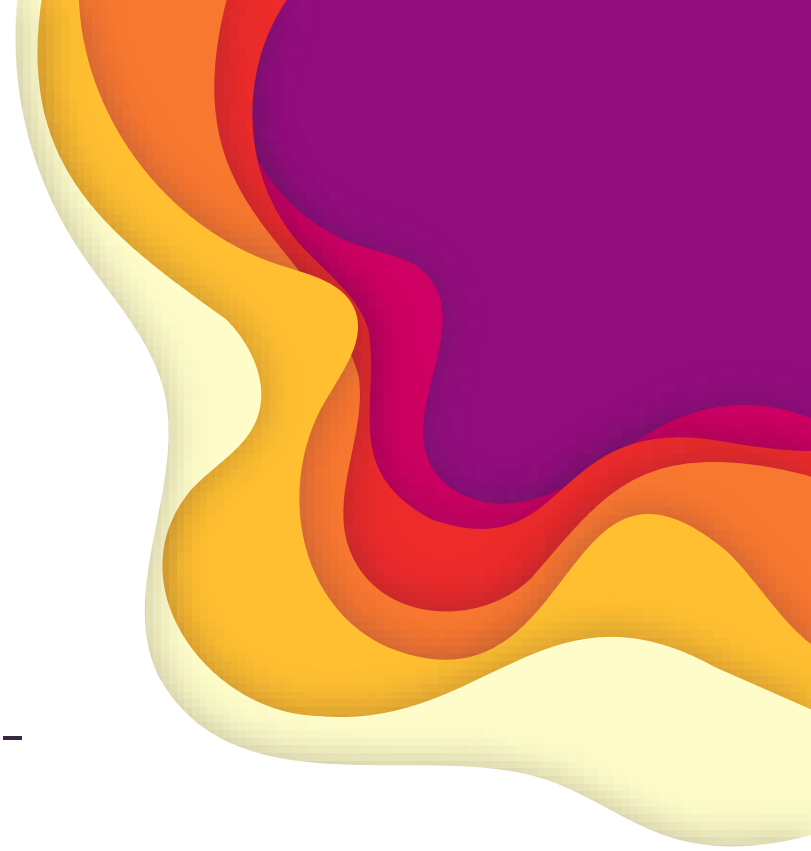
Stakeholder
Advisory Board

Intervention
Adaptation

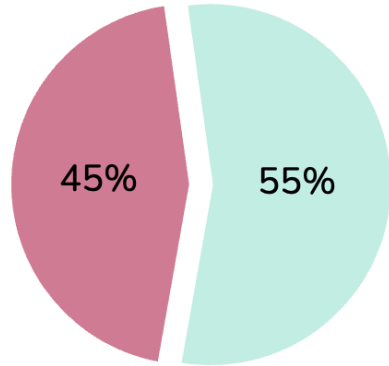
Pilot Study

Adaptation of MET

- Evidence-based intervention
- Lends well to adaptation
- Adaptations Specific to YA-P:
 - Cannabis and tx participation
 - Feedback – cannabis and risk of re-hospitalization
 - Cannabis and symptoms of psychosis
 - Harm Reduction tips

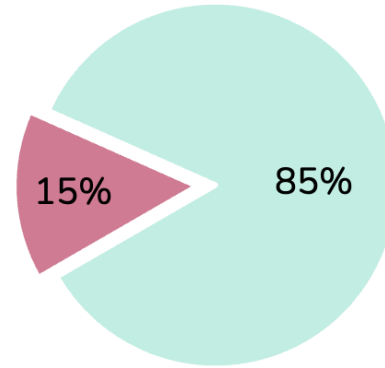


Cannabis Users





45 people out of 100 will have another hospital stay

Cannabis Non-Users



15 people out of 100 will have another hospital stay

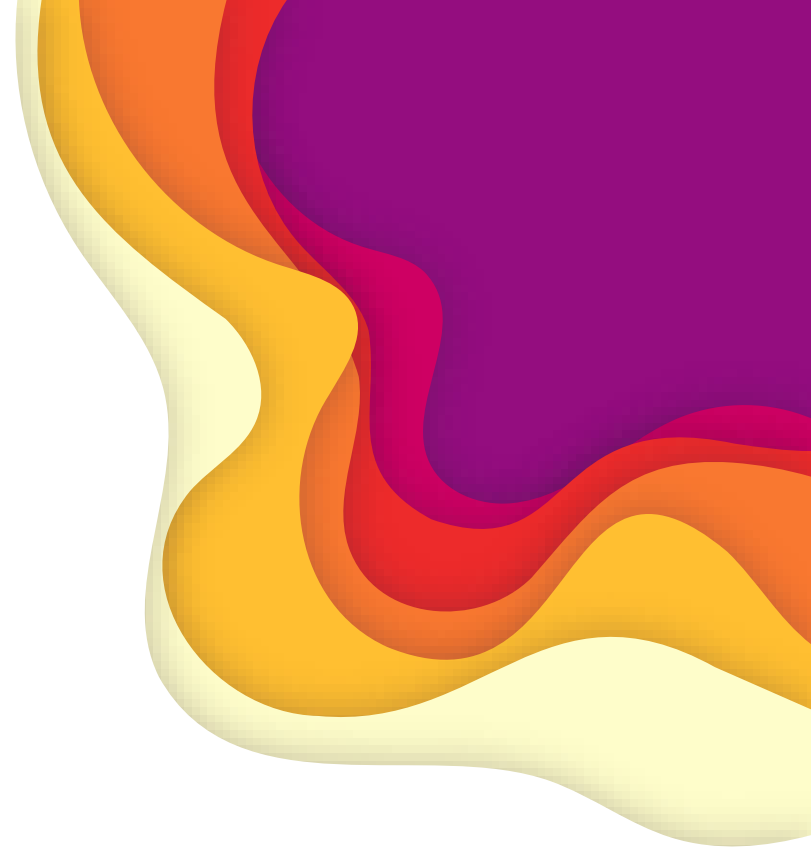
-  **Won't** have another hospital stay
-  **Will** have another hospital stay

Pilot Study Methods



Study Participants (N = 12)

- Mean age: 22 years old
- 88% Male
- 67% White, 17% Black, 8% NHPI, 8% Latinx
- In School: 25%, Employed: 50%
- Used Cannabis on 18 of past 30 days



Results

- 100% Session 1 Completion
- 92% Session 2 Completion
- Average rating on Patient Satisfaction questions: (M = 4.06 SD = 1.07) 4= moderately helpful, 5 = extremely
- Check-Up Overall (M = 4.36, SD = 1.21)
- 100% would recommend the Check-Up
- 100% would retain the psychosis-specific content

Check-Up Overall

“I didn't see any cons with my like marijuana use, and I didn't see anything negative about it in the beginning of the study. And then towards the end, after we started talking about it more and like, we're viewing the actual statistics and data, that it like kind of shifted. And I wanted to make a change. And I have been making a change....it's actually really beneficial for me so far.”

Personalized Feedback

“Putting my goals and how well using cannabis like reflects on those, and how helpful it is to those goals – because they really put into perspective that I kinda needed to slow down in order to get to the point where I wanted to get.”

“I really like the statistics. I'm a big fan of data. So the statistics – there was some that were a lot different than what I expected.”

Summary

- Individuals living with psychosis who use cannabis use for very similar reasons to those in the general population
 - Cannabis intervention research can inform conversations with psychosis populations
 - Motivational Interviewing and MET are tools to increase conversations
 - Use questions about important areas of life to prompt reflection on cannabis use
 - Help client make connections between goals & values and use (helping or hurting?)
 - Potential for leveraging commitment to recovery to increase motivation
 - Harm reduction should be considered in conversations



THANK YOU!

ddwalker@uw.edu

Connection Learning Healthcare System is recruiting for a study to pilot test a brief motivational enhancement therapy intervention to support continued engagement in Coordinated Specialty Care (CSC) for people with first episode psychosis who are frequent cannabis users.

- We are seeking volunteers aged 13-35 who are participating in CSC and have used cannabis at least 8 times in the last month
- Participation is virtual
- Participation will include completing surveys, interviews, and two brief meetings to discuss personal reasons for using cannabis and for staying connected to mental health services
- Eligible participants can earn up to \$90 in gift cards
- Further information and how to contact the study team can be found here: [Trying Out New Ways to Talk About Cannabis Use in CSC Programs | University of Maryland School of Medicine \(umaryland.edu\)](#)
- This study is based at the University of Maryland School of Medicine (IRB #HR 00003195)



The poster is a vertical rectangular graphic with a white background and a decorative left border of colorful triangles (orange, teal, dark blue). At the top left is the University of Maryland Baltimore logo. At the top right is a green cannabis leaf icon. The main title 'RESEARCH STUDY' is in large, bold, dark blue letters. Below it, a teal box contains the text: 'The University of Maryland, Baltimore is seeking volunteers who are receiving first episode psychosis care and are regular cannabis users.' The 'Who can join?' section is in an orange box, listing three criteria: 'Individuals who: Are receiving first episode psychosis care.', 'Are 13-35 years old.', and 'Used cannabis at least 8 times in the past month.' The 'What does participation involve?' section is in a teal box, listing 'Consent', 'Attend two meetings to talk about your cannabis use via Zoom', and 'Interviews and Surveys'. Below this, it states 'Eligible participants can earn up to \$90.' The bottom section is dark blue, containing contact information for Aruna Saravana: phone number 410-635-1169, email asaravana@som.umaryland.edu, and a QR code with the instruction 'Or scan this QR code with your cell phone' and a white arrow pointing to the code.

UNIVERSITY of MARYLAND
BALTIMORE

RESEARCH STUDY

The University of Maryland, Baltimore is seeking volunteers who are receiving first episode psychosis care and are regular cannabis users.

Who can join?

- **Individuals who:**
 - Are receiving first episode psychosis care.
 - Are 13-35 years old.
 - Used cannabis at least 8 times in the past month.

What does participation involve?

- **Consent**
- **Attend two meetings to talk about your cannabis use via Zoom**
- **Interviews and Surveys**

Eligible participants can earn up to \$90.

Contact the study team to learn more

Aruna Saravana
410-635-1169
asaravana@som.umaryland.edu

Or scan this QR code with your cell phone



Contact

Denise Walker, PhD

- ddwalker@uw.edu

Teen Marijuana Check-Up
Resources

- <https://adai.uw.edu/teen-checkup/>

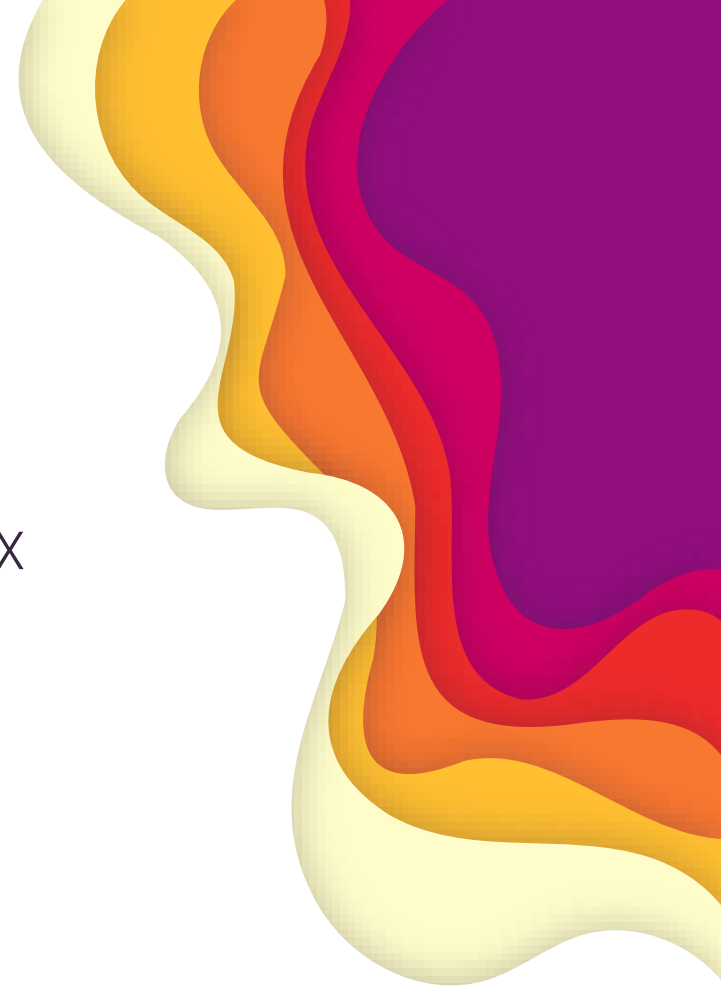
Cannabis Withdrawal Symptoms

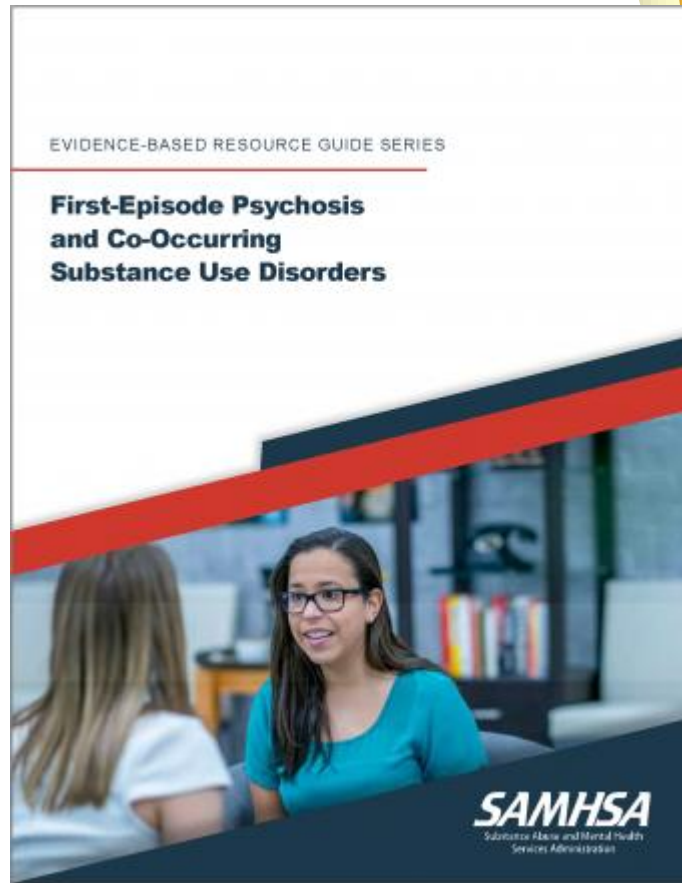
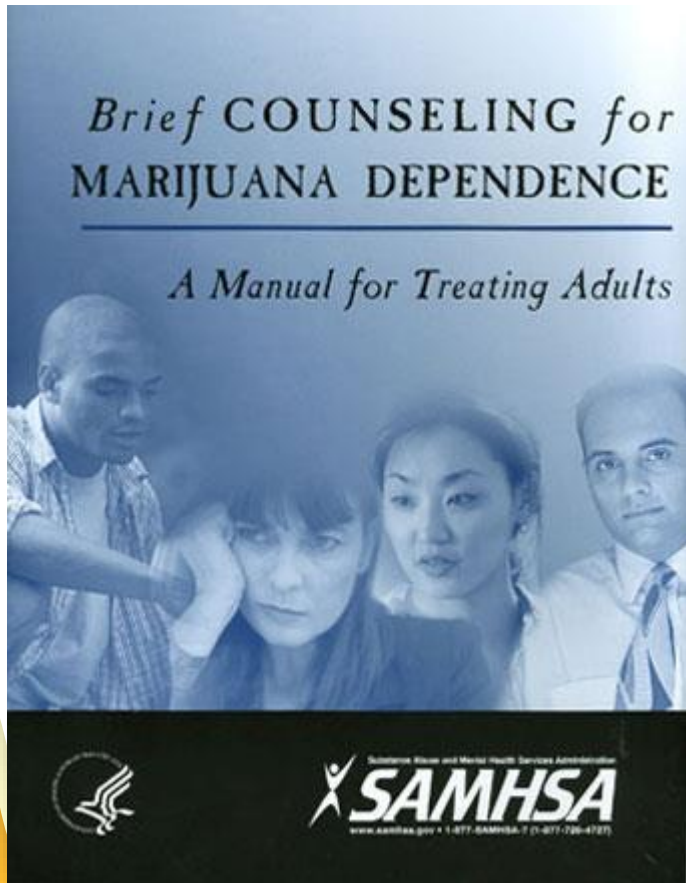
- Irritability, anger, aggression
- Loss of appetite or weight loss
- Difficulty sleeping (insomnia, disturbing dreams)
- Nervousness or anxiety
- Depressed mood
- Restlessness
- Physical symptoms: stomach pains, shakiness, tremors, fever, chills, headache, sweatiness
- Less common sx's: fatigue, yawning, difficulty concentrating



Resources Specific to Adolescents and Cannabis

- Teen Marijuana Check-Up
- Free manual, assessment and PFR creation tool
- <https://adai.uw.edu/teen-checkup/>
- Chestnut Health Systems
- Free Cannabis TX Manuals for:
 - MET/CBT
 - Multidimensional Family Therapy
 - Family Support Network





RESOURCES