



CannTalk

Discussion Guide Manual

How to use the CannTalk Discussion Guide with your clients to talk about the impacts of cannabis use on psychosis and motivate positive change.



CannTalk Development

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Additional Acknowledgement

The material presented in this manual is the result and adaptation of extensive research under the direction of Drs. Roger Roffman and Denise Walker (University of Washington) and Robert Stephens (Virginia Tech).

Funding Information

Funded by the Washington State Legislature through ESSB 5187 (2023) and by the Washington State Dedicated Cannabis Account awarded to the University of Washington.

Citation

Walker, D, Kellum, L, Garrett, SB & Carlini, BH (2024). *CannTalk Discussion Guide*. Seattle, WA: Addictions, Drug & Alcohol Institute, Department of Psychiatry & Behavioral Sciences, University of Washington.

Table of Contents

- Overview4**
 - Purpose 4
 - Who is it for? 4
 - Who should not receive CannTalk? 4
 - Assessment 5
 - The Heart of CannTalk 5
 - Core Skills of MI: OARS 6
- CannTalk Discussion Guide8**
- Discussing Cannabis Use.....9**
- Discussing Goals 11**
- Discussing Psychosis & Risks 12**
- Discussing Motivation 14**
- Discussing Next Steps 15**
- Appendix A: CannTalk Discussion Guide..... 17**
- Appendix B: CUDIT-R..... 25**

Overview

Purpose

The CannTalk Discussion Guide is intended to be a tool to address cannabis use for clinicians who work with youth (14-19) and adults experiencing psychosis.

The development of this intervention is in direct response to provider requests for more science-based information on the impacts of cannabis on psychosis, and strategies to increase communication about cannabis and motivate change.



This tool aims to:

1. Be a starting point for discussion of cannabis use.
2. Facilitate a candid and honest discussion about the client's cannabis use and its effects on psychosis symptoms.
3. Be brief and easy to use.
4. Be delivered with the counselor using motivational interviewing skills throughout.

Who is it for?

CannTalk is for use with youth and adults with a diagnosis of a psychotic disorder who also use cannabis. Although it was developed with heavy users in mind, it can be used with those who use at various levels and can be tailored to accommodate those differences. For example, CannTalk can be used with a client who is using once a week at social gatherings, and the focus of the conversation might be on the benefits they see of using *infrequently*, how they keep their use in moderation, and why they wouldn't want to increase their use. For those who use more frequently and heavily, CannTalk can be focused on exploring reasons why they might want to reduce their use, what benefits they could gain from reducing use, and what the downsides or consequences of using have been.

CannTalk may feel more natural to deliver with clients who you already have an established rapport or relationship with. At the same time, the CannTalk Discussion Guide is intended to be used collaboratively with the client and therefore could be used as a tool to develop a strong working relationship. CannTalk may also be easier with clients who have identified treatment goals. Goals are an included part of the intervention and clients will be asked to identify a few goals they would like to work toward.

Who should not receive CannTalk?

The CannTalk Discussion Guide serves as a starting point for a discussion on the topic of cannabis for any client receiving care for a psychotic disorder who uses cannabis. It might be more challenging to use with clients who: A) have a primary substance use disorder with a substance other than cannabis or B) are experiencing more negative consequences and impairment in functioning related to a drug other than

cannabis. This tool could still be used, and the conversation might include a discussion of cannabis *and* exploring the effects of the other substance use on the client’s goals, functioning, psychosis symptoms, and treatment, etc.

CannTalk may also be difficult to implement with clients who are actively experiencing severe symptoms of psychosis. Use your clinical judgment to determine whether the intervention will be tolerated given their current presentation of symptoms. If a client’s psychotic symptoms interfere with your ability to have a sustained conversation with them, an option is to “plant a seed” for future conversation on the topic. This could be done by inquiring about their cannabis use and potentially directing them to the rehospitalization graphic to get their reactions. Lastly, this tool was developed with people in mind who are experiencing non-affective psychosis. However, a longer version of this intervention has been used with people with affective psychosis with success, and using this manual is unlikely to do harm, since there is no evidence to suggest a different approach is required.

Assessment

Because people who experience psychosis have higher risk for consequences associated with cannabis use, it’s recommended that anyone who experiences psychosis or who is at clinical high-risk for psychosis be assessed for cannabis use. Cannabis use is associated with the development of psychosis and poor outcomes for those with a psychotic disorder (including increased symptoms and rates of rehospitalization, lower medication compliance and effectiveness, and poorer psychosocial functioning).

The Cannabis Use Disorders Identification Test-R (CUDIT-R, Abramsen et al., 2010) is a brief screening measure that includes eight items (see Appendix). If a client endorses weekly or daily cannabis use, the CannTalk Discussion Guide is ideal. Of course, it also can be used with those who use cannabis less frequently.

Scoring: To get a sense of whether the client may also be at risk for a cannabis use disorder, score the assessment by adding each of the 8 items. Questions 1-7 are scored on a 0-4 scale. Question 8 is scored 0, 2, or 4.

Scores of **8 or more indicate hazardous cannabis use.**

Scores of 12 or more indicate a possible cannabis use disorder.

The Heart of CannTalk

CannTalk will look and feel like just another clinical worksheet if delivered in an information-gathering style. It is *essential* that CannTalk is delivered in the “spirit” of motivational interviewing, meaning the counselor creates an environment that supports change by demonstrating acceptance, empathy, collaboration, and compassion to the client. It is also necessary to demonstrate support for the client’s autonomy and prioritize their views and perspectives.



This manual is not meant to be an exhaustive review of motivational interviewing; rather, it will highlight reminders and review the skills you likely have already been exposed to and will have the opportunity to use within this intervention.

Motivational interviewing (MI) is a person-centered counseling style that is designed to help and hear the client express their own reasons for change. The heart of MI is brought to life through:

Empathy: Seeking to understand the client’s perspective.

Acceptance: Accepting the client’s worth as an individual without judgment. Looking for their strengths and actively reflecting those qualities. Honoring the client’s ability to choose what is best for them.

Evocation: Drawing out the client’s own reasons for change.

Partnership: Working with the client in collaboration and acknowledging that both the client and the counselor bring their own expertise to the conversation.

Compassion: Putting the client’s needs and best interests above the counselor’s own.

Empowerment: Accepting *and* actively encouraging a client’s autonomy.

Core Skills of MI: OARS

Open-ended questions: These are intended to invite the client to tell their own story. Open-ended questions have a “tell me more” quality and can’t be answered with a “yes”, “no”, or one-word response.

“Tell me about your cannabis use.”

“What have you noticed about your psychosis symptoms when you use cannabis?”

“How would you like your use to be different in the future?”

Affirmations: Actively looking for the client’s strengths, values, actions, and intentions that are positive and naming those.

“You have really gone through a lot including several hospitalizations. That takes strength.”

“Being respectful of your parents and providers is important to you.”

“You want to make sure that cannabis doesn’t interfere with your work. You take your job seriously.”

Reflections: Reflective listening is using statements that make a guess at what the client is saying. They are not questions, but statements.

“It sounds like cannabis helps you get to sleep and also makes being social with friends easier.”

“You noticed that your experience of paranoia gets more intense when you use cannabis.”

“You don’t like how cannabis makes you unproductive.”

Summaries: Summary statements are a special form of reflection that collects several things a client has said and pulls them together. Often, they are used to transition from one topic to another, or succinctly organize what you've heard from the client on a particular topic so far.

“Cannabis has different ways of affecting your relationships. Your friends use and like it when you use with them, although sometimes they say it makes you a little ‘off.’ And it seems to be a source of conflict between you and your parents because they are concerned that it makes your symptoms worse.”

“What I’ve heard so far is that you like to have cannabis because it makes things more interesting and gives you something to do. And you don’t like that you need to use a lot more now than you used to get the same high. You also don’t like that it is taking up a lot of your money and getting in the way of you getting a job.”

Change Talk: Change talk is a key element of motivational interviewing. Change talk is anything a client says that is in favor of making a change or suggests discontent with staying the same. In general, counselors make an effort to listen for any change talk that a client says and then spend time exploring the content of change talk with them. The general belief is that the clients’ own words are more convincing than the counselor’s. The more a client expresses change talk, the more likely they are to make the change. Examples of change talk include:

- Reasons for change:

“I need to pass a drug test to get the job I want.”

“I don’t like how it makes me more paranoid when I’m out with my friends.”

“Weed makes my memory fuzzy, and I don’t do as well in school when I’m high.”

- Desire for change:

“I’d like to feel more in control of my use.”

“I want to be able to not use on work days.”

- Ability to change:

“I’ve been able to stop before and I think I could do it again.”

“I was able to take a tolerance break for two weeks.”

- Need to change:

“I need to get into college and using cannabis gets in the way of that.”

“I need to stop smoking because I can tell it’s messing with my lungs.”



CannTalk Discussion Guide

How to Use It

The Discussion Guide was crafted with the following goals in mind:

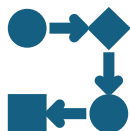
Easy to use: The worksheet format serves as a tool that can be used “straight off the shelf” even if a clinician has not used it in a while. The prompts are intended to help the client process important aspects of their use *and* for clinicians to easily use the tool by adding the spirit and skills of motivational interviewing.

The start of conversations on cannabis. The Discussion Guide could be used as a conversation starter that can address the topic of cannabis use and bring it into the treatment relationship so that future conversations about cannabis are more natural.

Prompt the client to consider their use and the possible benefits of change.

Reliable rhythm: You’ll notice the Discussion Guide is made up of a series of questions and blank spaces. The questions are meant to be answered by the client. After each question, the clinician uses reflective listening to gain a strong understanding of the clients’ response. The use of open-ended questions can be used to get more detail, ask for examples, or to better understand the client’s position. The blank spaces are for the clinician to summarize the key points heard from the client on each question. These should be completed after the question has been asked to the client, listened to, and understood by the counselor and a conclusion has been formed. When crafting the summary and adding it into the worksheet, consider highlighting any change talk you heard.

Important Tips



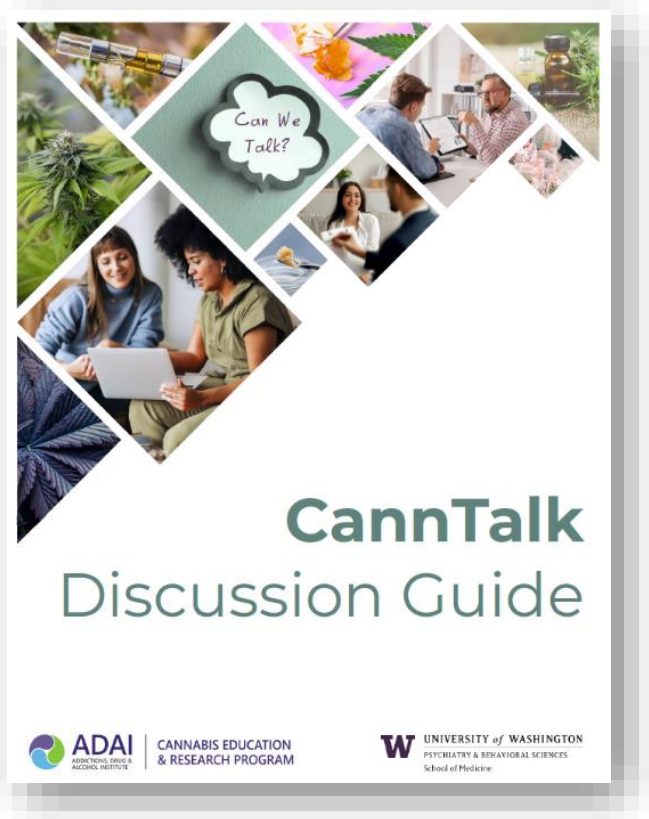
Not every section of the CannTalk Guide will resonate with every person. That’s ok! Each section is thoughtfully designed to have the *potential* to grow motivation to change.

Lean into the sections or topics that resonate with the unique person sitting with you.



If you choose to deliver the CannTalk Guide over more than one session, **do not *only* ask about the positives of cannabis use.**

When the good things about cannabis use are focused on exclusively, this has the potential to increase a client’s interest in continuing to use. **Make sure to combine this topic with the “not so good things” of use in the same session.**



Discussing Cannabis Use

Importance

On this page, the clinician will hear about how the client is using cannabis, what they enjoy about using cannabis, and their self-identified consequences of use. This offers an opportunity for you to show curiosity and nonjudgment about their use and for the client to feel comfortable being honest about what draws them to using cannabis.

How to Use It


“Tell me about your cannabis use.”

Ideally, a client will talk about how they use, what they use, how it fits into their day, and what boundaries, if any, they have for using. Feel free to ask additional questions to understand how cannabis is fitting into their life.

Cannabis Use
Tell me about your cannabis use.

What do you like about using cannabis? What do you get out of using cannabis?

What about the other side? What are the not so good things about using cannabis?



“What kinds of cannabis products do you use and how do you use (smoke, vape, dab, eat, etc.)?”

“Tell me about a typical day of use. Walk me through a day and when you use – morning to night.”

“Are there times, days, or situations that you don’t use? What are they? Why?”

The idea is to get a picture of how the client is using cannabis and how it fits into their life. Summarize what you’ve heard in the blank spaces.

Summary Example:

“You use cannabis daily, typically with a vape pen. You buy vape oils but haven’t noticed what the THC concentration is. Your first use is in the morning, shortly after waking up, and you take puffs off your vape pen throughout the day until you go to sleep. The exception is when you come to your treatment appointments or have something important to do that requires a lot of your concentration and focus. Those are the times you try to avoid using.”

“What do you like about using cannabis? What do you get out of using cannabis?”

Here, you are interested in hearing why they choose to use cannabis and what they find appealing about it. This is important because it provides a lot of rich information about motivations for use and what may be needed if the client is interested in change. Use lots of reflective listening and additional prompts, particularly if the client provides only one or two things they like about using. For example, *“What else do you like about it?”* Summarize what you’ve heard.

Summary Example:

“You started using because it was something that you enjoyed doing with your friends. You like the high and the way it makes mundane things like chores or boredom more bearable. You also use it to get to sleep sometimes.”

You can at this point ask for additional information – *“What have I missed?”*

“What about the other side? What are the not so good things about using cannabis?”

This section is really important. It provides an opportunity for the client to share lots of change talk. Be curious and interested in each identified consequence or inconvenience. Ask for examples or details of each. Spend adequate time on this section and don’t rush it.

“Give me an example of a time that you didn’t like that weed left you feeling foggy or slow?”

“Tell me more about that.”

“You said it makes you more paranoid when you’re out socially. Tell me exactly what that’s like.”

Summary Example:

“There are a few things that you don’t love about cannabis. It saps your motivation to do some of the things that are really important to you, like going to the gym or applying for jobs. When you don’t do these things, you feel like you’re not moving forward in life. And sometimes you worry that it makes some of your symptoms worse – especially feeling paranoid. You’ve had to leave a few parties and the movie theater because of it. You also have noticed that it has gotten in the way of your relationship because your partner says that you’re ‘checked out’ a lot of the time when you’re high, and your parents and you fight a lot about it. They are really concerned about you and feel like it makes your symptoms worse.”

Discussing Goals

Importance

When Dr. Walker’s research team tested a similar intervention with young adults with psychosis, one of the topics that participants said they enjoyed the most was discussing their goals and being given an opportunity to think about how their cannabis use affects those goals. Often, clients were surprised by how the different questions made them think about their use differently. When people are guided to think about what is important to them, it can put their use in perspective: is it helping or hurting them reach their goals?

How to Use It

“What are some of your short- and long-term goals?”

This section is helpful because it highlights what’s important to the client, what they are working toward, and potentially, relevant values. Ultimately, you want to understand what they are working towards in life and if and how cannabis gets in the way of them attaining those goals. You may have already identified these in treatment prior to this session. Great! Use them and check in to see if they wish to update or add goals. If this is a new discussion, clients may need a few minutes to think about what these goals might be. Encourage them to use SMART goals – **S**pecific, **M**easurable, **A**chievable, **R**elevant, and **T**ime-bound.

You can also provide some examples of goals you’ve heard from others. For example:

Goals
What are some of your short- and long-term goals?

From what you've just talked about, what are your top 3 goals?
1. _____
2. _____
3. _____
Now, use this scale to rate how cannabis affects each of your goals, from very negatively to very positively.

1 Very negative	2 Negative	3 Neutral	4 Positive	5 Very positive
My goal		My cannabis use affects this goal...	Reducing my use would affect this goal...	
Example: I want to finish my college degree.		2	4	

Questions for each goal:

- How does your use affect you meeting your goal? Why did you pick that rating?
- How would reducing your use affect your ability to meet that goal? Why did you pick that rating?
- What are other ways to get the things you want from using cannabis?

“I don’t know if this is helpful or not, but some goals that I have heard from other folks I work with are things like finding a job, passing my classes, or longer-term goals such as finding a partner, finishing my degree, or moving out of my parents’ house.”

Other prompts might be helpful as well if a client is having trouble.

“Sometimes it’s helpful when making goals to think about what you value or what’s important to you.”
“What things do you want to work toward in your life? Sometimes these come in different areas like in relationships, living situation, education, or work.”

Once the client has identified their goals, have them pick their top three. Write those down in the middle section and re-write them in the goals exercise at the bottom of the page. With each goal, review the cannabis questions and have them choose ratings. Discuss their ratings – this should be conversational.

Discussing Psychosis & Risks

Importance

Many clients are motivated by their recovery and mental health. Having an opportunity to think about how cannabis use relates to recovery is valuable because it relates cannabis to an important part of their life. When cannabis affects their psychosis negatively, this is change talk.

How to Use It

“What have you noticed about how cannabis use affects your psychosis?”

It’s common for people to believe that cannabis use improves their mental health, specifically for anxiety, stress, and depression. Many also see a relationship with cannabis use and their psychotic symptoms. It’s important to identify what they have noticed and hear examples. It can also be helpful to understand their use prior to a hospitalization (if hospitalization is in their history). You’ll have another opportunity to specifically ask about this in the section below on cannabis and re-hospitalization. Other questions that might be helpful to understand this relationship:

Psychosis



What have you noticed about how cannabis affects your psychosis?

Risks

Could I share what research has found about cannabis and psychosis?

For most young people with psychosis, regular cannabis use leads to more symptoms, which leads to more hospital stays. Research has found that young adults entering an early psychosis program who continued to use cannabis had a much higher chance of a re-hospitalization for psychosis. Young adults who never used cannabis, or stopped using cannabis when they entered treatment, had a much lower chance of being re-hospitalized.

What do you think about this?

Group	Will have another hospital stay	Won't have another hospital stay
Cannabis Users	45%	55%
Cannabis Non-Users	15%	85%

45 people out of 100 will have another hospital stay
15 people out of 100 will have another hospital stay

Legend:
■ Won't have another hospital stay
■ Will have another hospital stay

Wade D. et al. Substance misuse in first-episode psychosis: 15-month prospective follow-up study. The British Journal of Psychiatry 2008 Sep;193:229-34.

“What came first for you – cannabis or psychosis?”

“Describe for me what it looks like when cannabis makes that symptom worse?”

Summary Example:

“Overall, you feel like your cannabis use helps your mental health by calming you down and easing your anxiety. And you have noticed that using at work is not helpful because it makes you more anxious about how people are perceiving you which could be related to your symptoms.”

Risks

The risks section is an opportunity to provide a piece of psychoeducation specific to cannabis and psychosis. In focus groups and a pilot study, young adults with psychosis said they wanted real data on this topic. Like all information-giving in motivational interviewing, we ask permission before sharing. You could ask what they have heard about how cannabis interacts with psychosis and then proceed with this section. **Ask-Provide-Ask** is a nice model for giving information that honors what the client already knows, provides information that they don’t know, and then asks for their thoughts on the information given.

Here is an example:

Provider: *“What have you heard about how cannabis affects people with psychosis?”*

Client: *“I’ve just heard that it’s bad and that people with psychosis shouldn’t use pot.”*

Provider: *“OK, people around you have said that cannabis and psychosis don’t mix. Could I share with you some information we know from research?”*

Client: *“Sure.”*

Provider: *“You’re absolutely right that professionals don’t recommend folks using cannabis who have experience with psychosis. One reason is that studies have shown that for people who experience their first episode of psychosis, if they continue to use, they are way more likely to be re-hospitalized for psychosis.”*

Tip: Some clients are surprised by this information. That’s ok. Engage with them about their surprise. What does it mean to them? What might they have predicted?

“It seems like this information took you by surprise. What does it make you think?”

This is a perfect section to support a client’s autonomy regarding what they do with the new information. For example:

“Clients in the past have asked for data like this. But what you do with this information is up to you. You’re in charge of how or if you use it.”

Avoid trying to persuade the client of the veracity of the information. If a client is questioning the data or the results, it is perfectly fine to hear that concern and/or offer the citation. Tone is everything here. *Build collaboration and partnership in response.*

“This study is not convincing to you. It’s important to you to be a good consumer of data and science. Maybe you’d be interested to see the original article and judge for yourself. The citation for the study is included in the worksheet in case that’s of interest to you.”

“When I see results of studies that don’t line up with my expectations, I often want to read the actual study. If you’re similar in that way, the citation is provided.”

The dialogue and engagement with the information is key here. It’s less important if they believe the data, and more important to understand that if it were true, what does it mean to them. Many times, clients say they want to avoid re-hospitalization. That’s a value. If that is their value, how do they make sense of this data in combination with their cannabis use?

Discussing Motivation

Importance

At some point, it's helpful to put the topic of change front and center. It can sometimes feel awkward to ask a client what they are thinking about regarding change. So, we make it easy and do it for you!

Asking their thoughts on what they want to do with this information gives the client a venue to wrestle with the question with some guidance from you. They may even come to a decision, either pro or con, that feels right for them.

How to Use It

This is a “choose your own adventure” task for the client. You pose the question **“Are you considering making changes to your cannabis use?”**

The next exercise and set of questions are dependent on their response of “yes” or “no”. Complete the section that corresponds to their answer.

If “yes”, you will hear lots of change talk including what sorts of changes the client is considering, their top reasons for making the change, how they think they will do it, and who will support them. Reflect the change talk back to them. Similar to other sections, each question is asked, their responses reflected back to them, and follow-up questions may be asked prior to writing the response in the worksheet.

For “no” responses, again the questions on the worksheet are posed one at a time. This set of questions is designed to help plan for the future for when or if the client would need to change.

- What would be going on in their life?
- What kinds of consequences would they need to experience?
- What might they be working toward that would deprioritize cannabis in their life?

All of these could be used as additional prompts if necessary. The goal here is to have the client articulate boundaries for their use or imagine a time when using would be inconsistent with their goals or values. Second, if they find themselves wanting to change, this gives them a process to think through how that would happen and who they could count on for support.

Motivation
Are you considering making changes to your cannabis use?

Yes *What kinds of changes are you considering?*

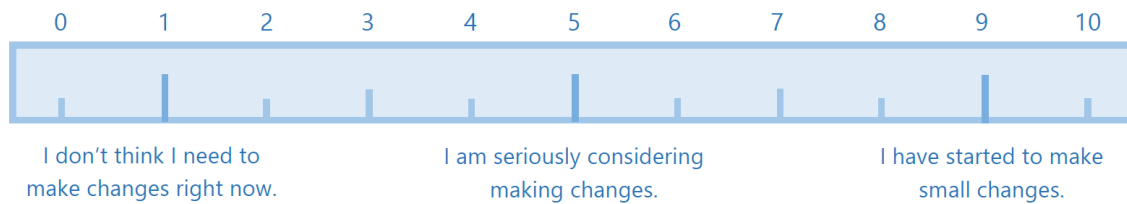
What might be the top 3 reasons that you would consider changing your use?
1. _____
2. _____
3. _____

How would you go about making that change? Who will support you in your efforts?

No *What would have to be different with your cannabis use or experiences to prompt you to want to change?*

How would you do it if you decided you wanted to make a change? Who might support you?

“How ready are you to make a change? Using this ruler, where would you say your motivation to change falls?”



The readiness ruler is a tool to assess whether change feels imminent. For almost everyone except those who identify with the far-left portion of the ruler, there is a way to cultivate change talk in this exercise. Once the client has identified a part of the ruler that fits them, you can ask follow-up questions to help explore this choice. For example:

“Tell me about why you selected that section of the ruler.”

“What made you rate yourself one dash above the ‘I don’t feel I think I need to make changes now’ rather than a dash below it?”

“What might need to happen to get you to move right on the ruler?”

Summary Example:

“To summarize this section, you rated yourself as approaching ‘I’m seriously considering making changes.’ You chose this rating because you see a lot of value in it. You believe that reducing your use would help you with your relationships and focus on your goals of getting a car and becoming more independent. If you had some activities in your life that you liked better than being high, that would move you closer to committing to a change.”

Discussing Next Steps

Importance

At this point in the conversation, you and your client have discussed:

- Why they use cannabis
- What they don’t like about it
- How cannabis impacts the important things in their life
- How it interacts with their psychosis

Next Steps

What would you like to do with this new information?

Your client has also just had the opportunity to consider if they are interested in making changes. This section is intended to gauge a commitment to change and identify what their next steps might be regarding their cannabis use.

How to Use It

“What would you like to do with this new information?”

You can also add a summary of what you’ve heard from the client throughout the exercise before asking this question. This is a great opportunity to thank the client for sharing their experience with you and provide an affirmation of a quality they have demonstrated during the conversation that you appreciate.

Summary Example:

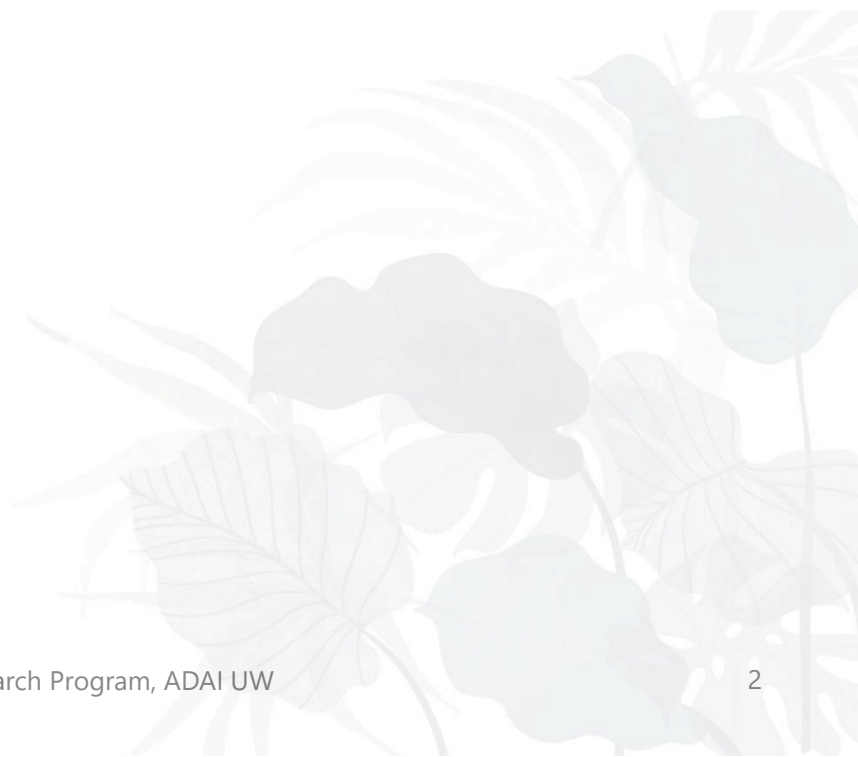
“I really appreciate your willingness to share this part of your life with me. You are really thoughtful about your cannabis use. What I have heard from you is that you like cannabis because it makes things fun for you, especially when you are bored. At the same time, you have not liked that you feel more ‘foggy’ and can’t remember as well when you use. You’ve also said that finishing school and staying out of the hospital are really important to you and reducing cannabis would help you achieve those goals. You also think you could start cutting down by reducing the number of times a day that you use and you know that your parents and brother would be really supportive of you in that. Your brother would go to the gym with you to help you be less bored during the day. Considering all of that, what would you like to do with this new information, if anything?”



Can We
Talk?

CannTalk

Discussion Guide



Cannabis Use

Tell me about your cannabis use.

What do you like about using cannabis? What do you get out of using cannabis?

What about the other side? What are the not so good things about using cannabis?



Goals

What are some of your short- and long-term goals?

From what you've just talked about, what are your top 3 goals?

1.

2.

3.

Now, use this scale to rate how cannabis affects each of your goals, from very negatively to very positively.

1 Very negative	2 Negative	3 Neutral	4 Positive	5 Very positive
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My goal	My cannabis use affects this goal...	Reducing my use would affect this goal...
<i>Example: I want to finish my college degree.</i>	2	4

Questions for each goal:

- How does your use affect you meeting your goal? Why did you pick that rating?
- How would reducing your use affect your ability to meet that goal? Why did you pick that rating?
- What are other ways to get the things you want from using cannabis?

Psychosis



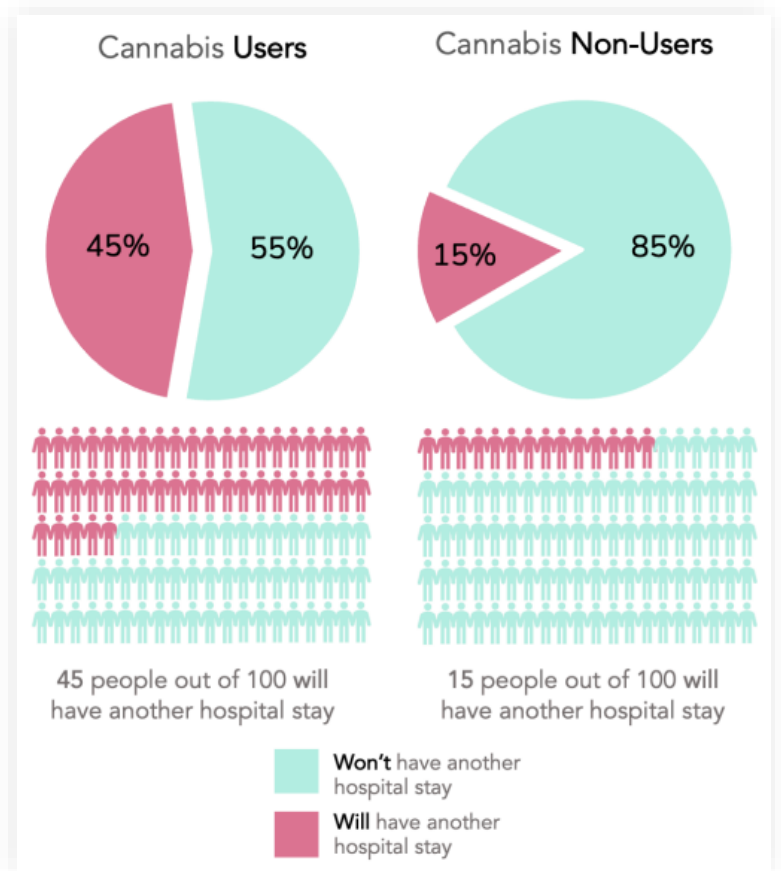
What have you noticed about how cannabis affects your psychosis?

Risks

Could I share what research has found about cannabis and psychosis?

For most young people with psychosis, regular cannabis use leads to more symptoms, which leads to more hospital stays. Research has found that young adults entering an early psychosis program who continued to use cannabis had a much higher chance of a re-hospitalization for psychosis. Young adults who never used cannabis, or stopped using cannabis when they entered treatment, had a much lower chance of being re-hospitalized.

What do you think about this?



Wade D, et al. Substance misuse in first-episode psychosis: 15-month prospective follow-up study. *The British Journal of Psychiatry* 2006 Sep;189:229-34.

Motivation

Are you considering making changes to your cannabis use?

Yes

What kinds of changes are you considering?

What might be the top 3 reasons that you would consider changing your use?

1.

2.

3.

How would you go about making that change? Who will support you in your efforts?

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<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

No

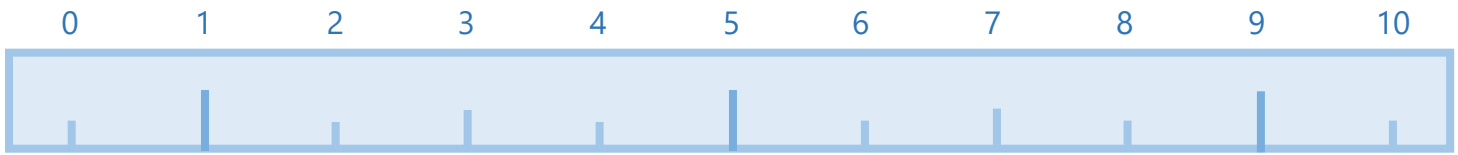
What would have to be different with your cannabis use or experiences to prompt you to want to change?

How would you do it if you decided you wanted to make a change?

Who might support you?

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How ready are you to make a change? Using this ruler, where would you say your motivation to change falls?



I don't think I need to make changes right now.

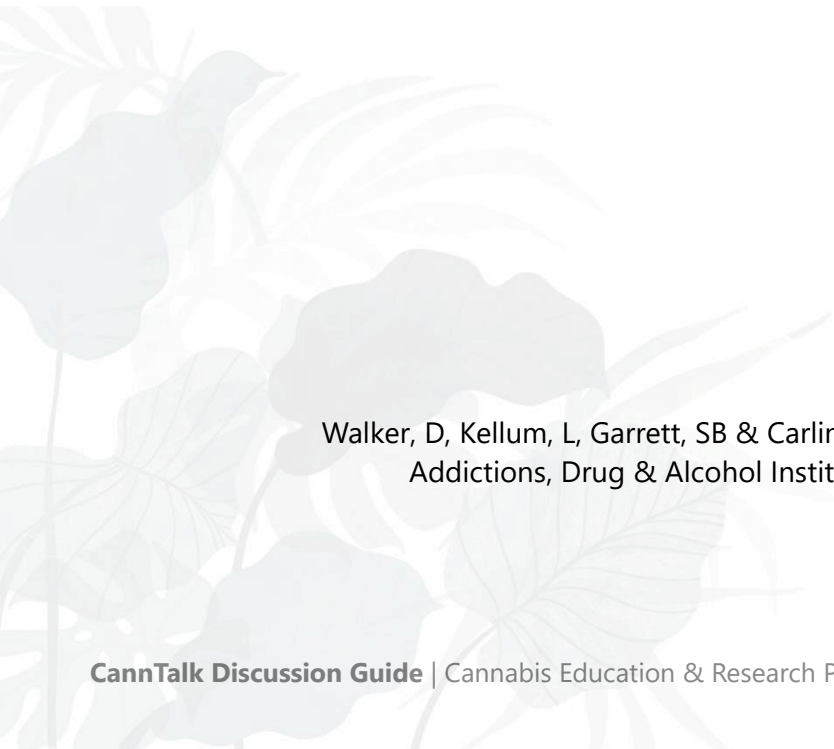
I am seriously considering making changes.

I have started to make small changes.

Next Steps

What would you like to do with this new information?





Citation

Walker, D, Kellum, L, Garrett, SB & Carlini, BH (2024). *CannTalk Discussion Guide*. Seattle, WA: Addictions, Drug & Alcohol Institute, Department of Psychiatry & Behavioral Sciences, University of Washington.

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
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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
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3. How often in 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
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4. How often in the past 6 months did you fail to do what was normally expected from you because of using cannabis?

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

Never 0	Less than monthly 1	Monthly 2	Weekly 3	Daily/almost daily 4
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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
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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
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8. Have you ever thought about cutting down, or stopping, your use of cannabis?

Never 0	Yes, but not in the past 6 months 2	Yes, in the past 6 months 4
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This questionnaire was designed for self-administration and is scored by adding each of the 8 items:

Question 1-7 are scored on a 0-4 scale

Question 8 is scored 0,2, or 4

Score: _____