



Can We
Talk?

CannTalk

*A brief intervention for discussing cannabis with
clients experiencing psychosis*

Denise Walker, PhD



ADAI
ADDICTIONS, DRUG &
ALCOHOL INSTITUTE

CANNABIS EDUCATION
& RESEARCH PROGRAM



UNIVERSITY *of* WASHINGTON
PSYCHIATRY & BEHAVIORAL SCIENCES
School of Medicine

Acknowledgements

Can We
Talk?

Co-Investigators:

- Maria Monroe-DeVita, Ph.D.
- Ryan Petros, Ph.D.
- Melanie Bennett, Ph.D.
- Bia Carlini, Ph.D. & ADAI/CERP



Funded by:

UW's Royalty Research Fund

Garvey Institute for Brain Health Solutions

Washington State Legislature through

ESSB 5187 (2023)



Agenda

Can We
Talk?

- Review Cannabis Treatment
- Formative Research
- CannTalk
- Next Steps

Need for Cannabis Interventions

Can We
Talk?



- Urgent need for services to focus on cannabis reduction in young adults with psychosis (YA-P)
- To date, no evidence-based cannabis intervention identified for YA-P
- WA State providers who treat individuals with serious mental illness feel ill-equipped to address cannabis
 - More evidence-based educational materials are needed specifically for cannabis

Cannabis Treatment

Can We
Talk?

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



Effective Treatments for Cannabis

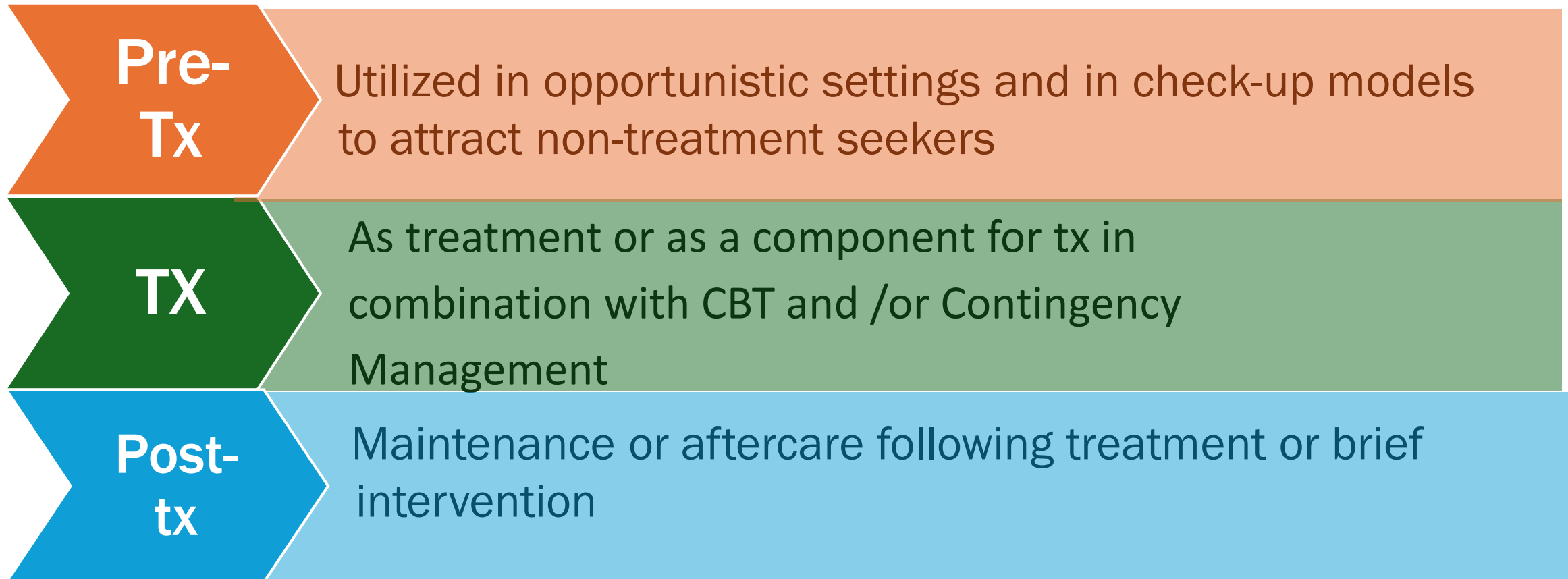
Can We
Talk?



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

Motivational Enhancement Therapy

Can We
Talk?



Need for Cannabis Intervention- MET

Can We
Talk?

Motivational enhancement therapy has been shown to be effective with:

- Adolescents
- College students
- Adults

Has not been tested among young adults with psychosis (YA-P)

Why the disconnect?

Can We
Talk?

- 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

Can We
Talk?

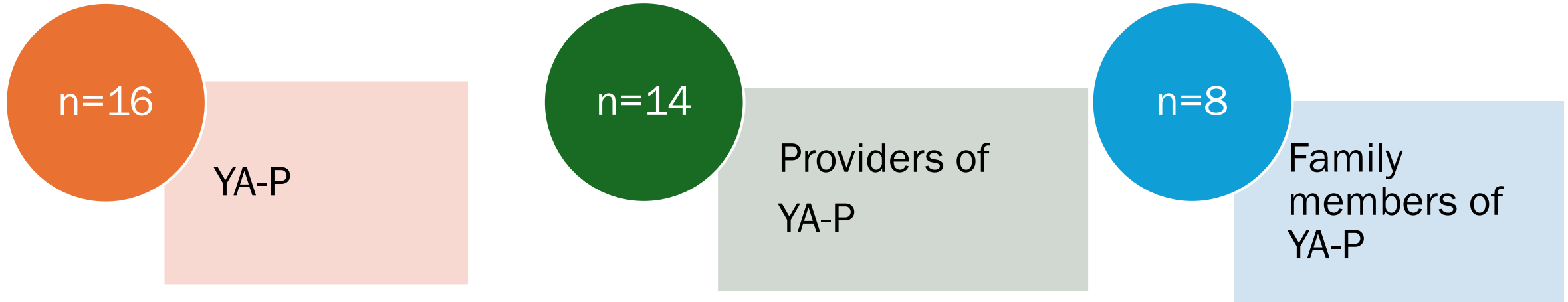
- Aim was to inform the development/adaptation of a combined cannabis intervention to reduce cannabis use among young people with psychosis
- Intervention would involve an individual intervention for YA-P and skills training for family members of YA-P
- We asked what facilitated and what got in the way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

Funded by the University of Washington's Royalty Research Fund

Qualitative Study

Can We
Talk?

We conducted 8 focus groups



Funded by the Royalty Research Fund

Intervention Implications

Can We
Talk?

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

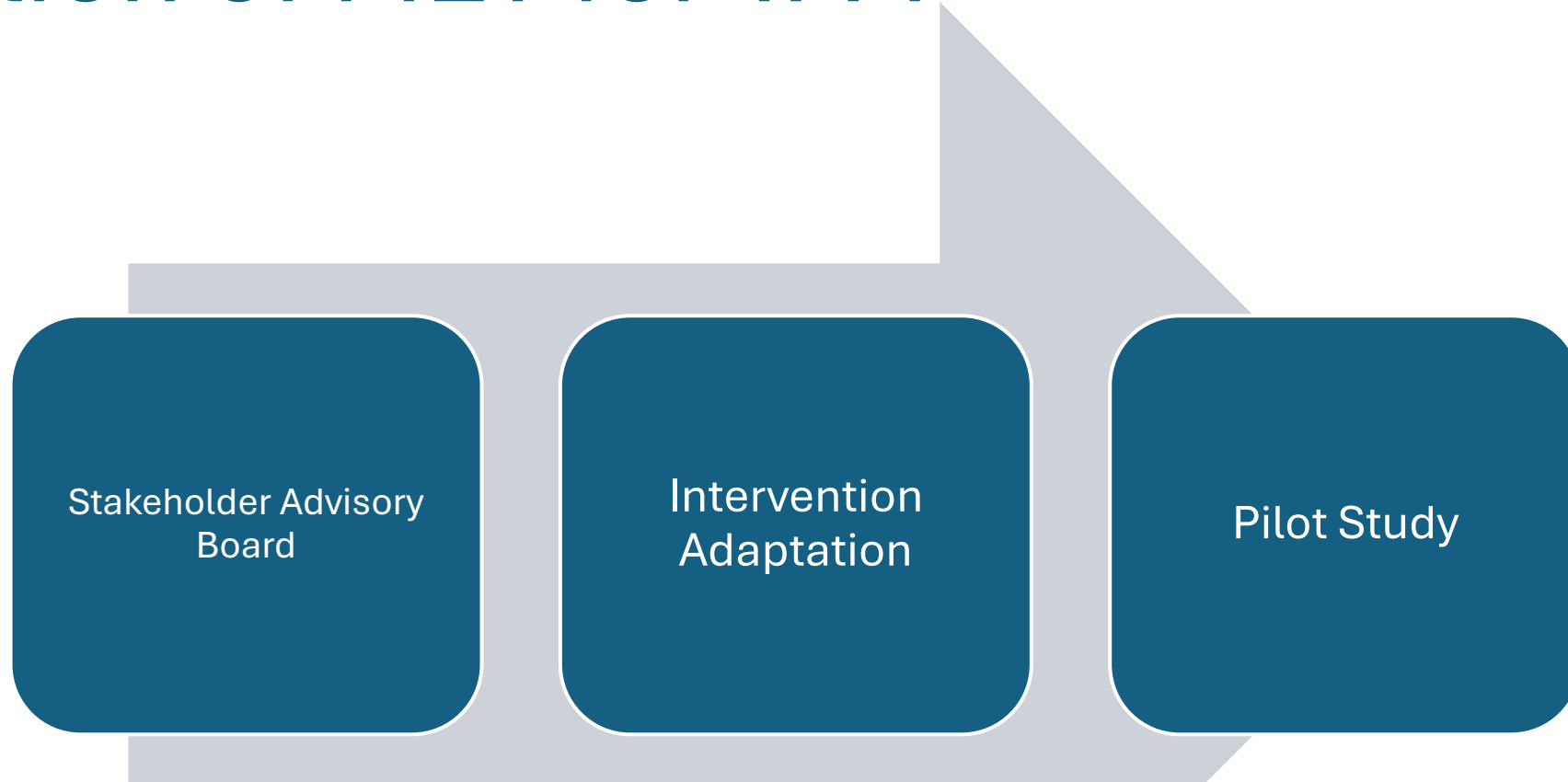
3

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

Pilot Study –



Adaptation of MET for YA-P



Funded by the Garvey Institute for Brain Health Solutions

Adaptation of MET

Can We
Talk?

- MET = MI plus Personalized Feedback
- 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

Pilot Study Methods



Study Participants (N = 12)

Can We
Talk?

- 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

Can We
Talk?

- 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

Can We
Talk?

“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.”

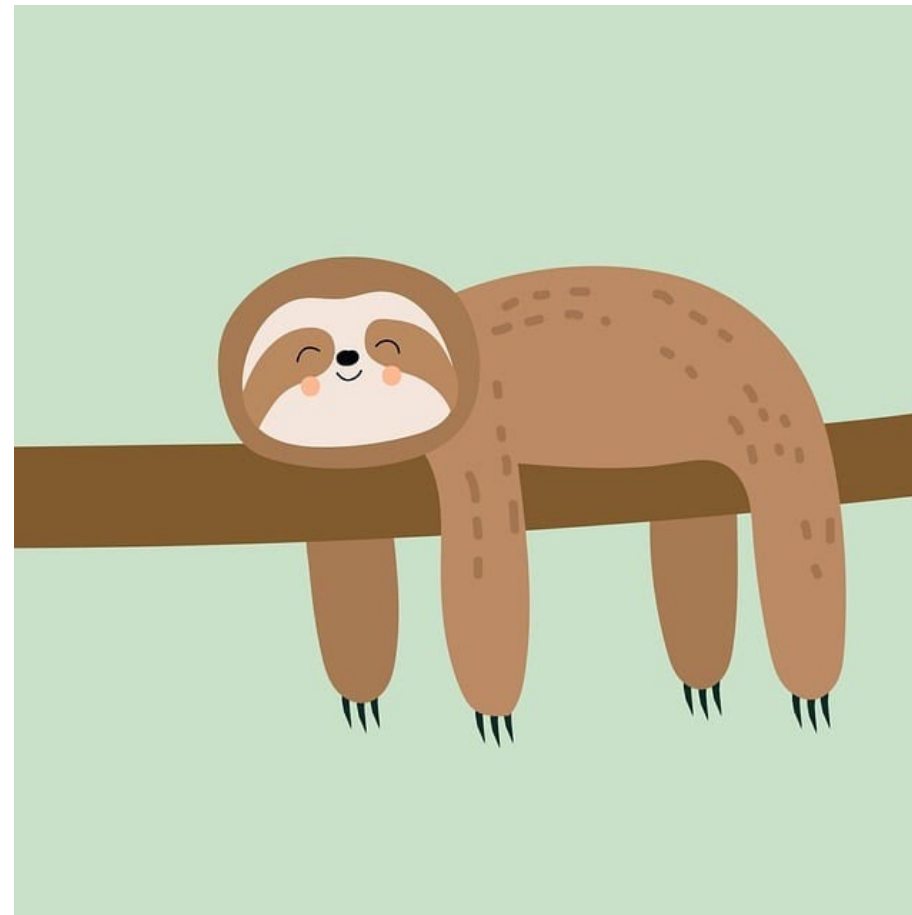
Personalized Feedback

Can We
Talk?

“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.”

- The world of science is **slow**
- Interventions are needed **now**



CannTalk Intervention and Training Development

An Intervention and Clinician Training Program to Address Cannabis Use
Among Individuals Experiencing Psychosis

CannTalk Project Goals

Ultimately – develop an intervention that would decrease harms of cannabis on those with psychosis

Develop an evidence-informed intervention for cannabis

Develop a training program to facilitate delivery

Learn from providers about the usability of the intervention

Obtain preliminary provider data on CannTalk

Intervention

- Evidence-informed intervention for cannabis for individuals with psychosis

Training

- Training program to facilitate delivery
- Manual
- Asynchronous training
- Synchronous training

Evaluate

- Increase provider knowledge
- Increase provider confidence
- Increase cannabis conversations

CannTalk Intervention Development

Can We
Talk?

INPUTS

Legislative funding to University of Washington Cannabis Education & Research Program (CERP), and Innovative Programs Research Group (IPRG)

Training technology and software

CERP & IPRG expertise of cannabis induced psychosis and Motivational Interviewing (MI) in clinical settings

Clinician feedback and interest to address risk harms associated with psychosis (support)

ACTIVITIES

CERP & IPRG develops clinician training

Recruit 20 clinicians to participate in training

Provide clinician training (asynch. & synch.)

Technical assistance (TA) via Zoom provided to trained clinicians (Consultation sessions)

CERP interview participants to identify barriers to cannabis use screening & CannTalk implementation

OUTPUTS

trainings held and between May-June 2024

of clinicians who participate

% of clinicians who adopt and plan to use CannTalk

of TA sessions held within first 3 months post training

of clinicians interviewed within first month and 3 months post training

SHORT-TERM OUTCOMES

3 months post training

Clinicians feel more knowledgeable about cannabis induced psychosis and related harms

Clinicians feel capable to screen for cannabis use

Clinicians know how to use CannTalk

Clinicians increase use of CannTalk

(All four of these assessed through knowledge assessments, and by self-report on survey/interviews)

LONG-TERM OUTCOMES

12 months post training

Increased cannabis use screening

Sustained use of MI

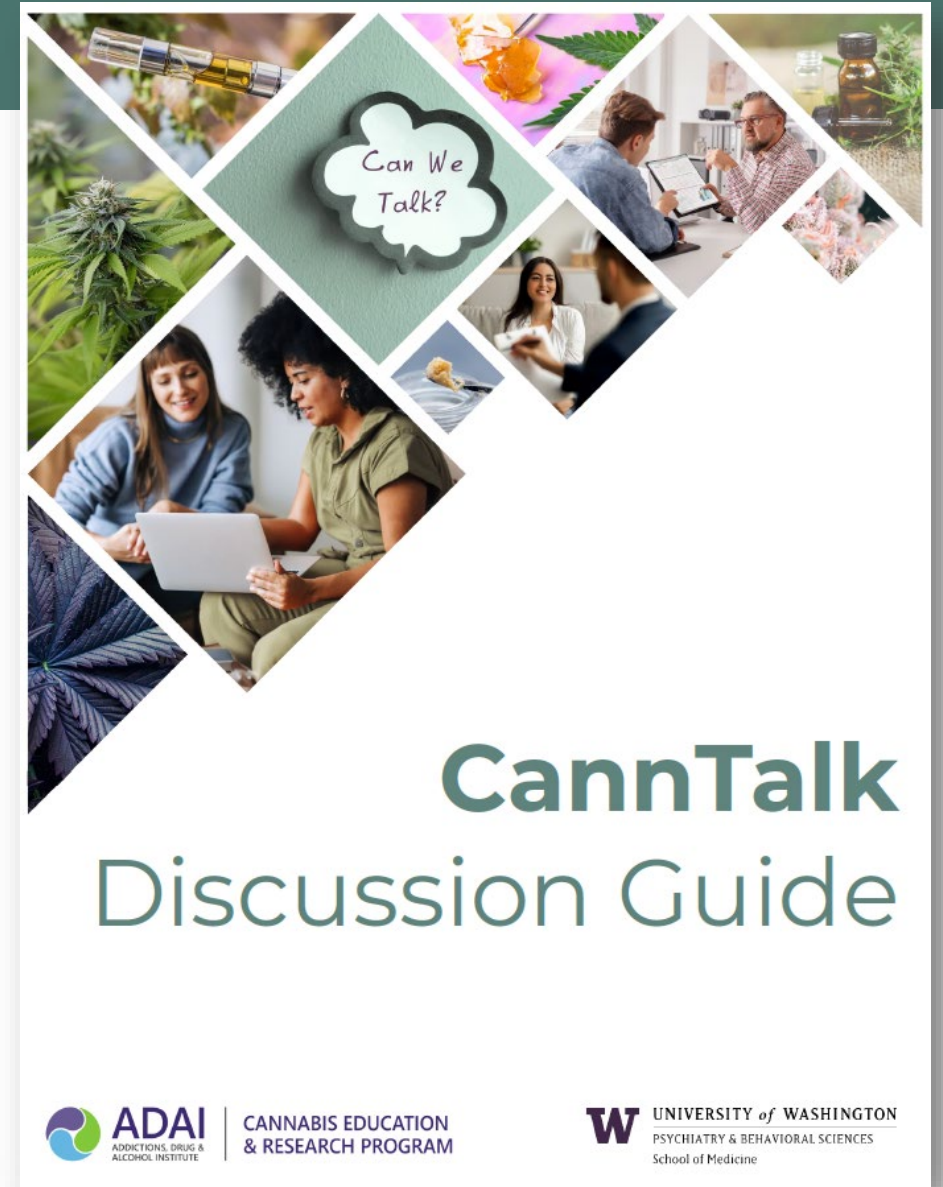
Decreased prevalence of cannabis-induced psychosis

Reduced cannabis related harms for those experiencing psychosis

(Additional resources needed to measure long-term outcomes)

What is CannTalk?

- Developed to be an “off the shelf” tool
- Brief and easy to use
- Delivered using MI skills throughout
- Intended to be a conversation not an assessment or worksheet
- A “starting point” in discussing cannabis



CannTalk Components



**Online Self-Paced
Training**



**Live Online Training with
Dr. Walker**



**CannTalk Discussion
Guide**



**CannTalk Intervention
Manual**

Funded by the Washington State Legislature through ESSB 5187 (2023) and by the Washington State Dedicated Cannabis Fund for research at the University of Washington.

Self-paced online training

Can We
Talk?


- Modules:
 - Cannabis 101
 - Cannabis and Psychosis
- Interactive
 - Quizzes
 - Flip cards, tabs
 - Videos
- Computer and phone friendly platform




Print materials



CannTalk Discussion Guide


 **ADAI**
ADDICTIONS, DRUG & ALCOHOL INSTITUTE

CANNABIS EDUCATION & RESEARCH PROGRAM


 **UNIVERSITY of WASHINGTON**
PSYCHIATRY & BEHAVIORAL SCIENCES
School of Medicine

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.

 **ADAI**
ADDICTIONS, DRUG & ALCOHOL INSTITUTE

CANNABIS EDUCATION & RESEARCH PROGRAM

 **UNIVERSITY of WASHINGTON**
PSYCHIATRY & BEHAVIORAL SCIENCES
School of Medicine

Live Online Training

Can We
Talk?

- 4-hour
- Two different dates, times
- Training Overview
 - Review cannabis assessment
 - Motivational interviewing
 - CannTalk Discussion Guide
 - Practice



CannTalk Training

Denise Walker, PhD



ADAU
ADDICTIONS, DRUG &
ALCOHOL INSTITUTE

CANNABIS EDUCATION
& RESEARCH PROGRAM



UNIVERSITY of WASHINGTON
PSYCHIATRY & BEHAVIORAL SCIENCES
School of Medicine

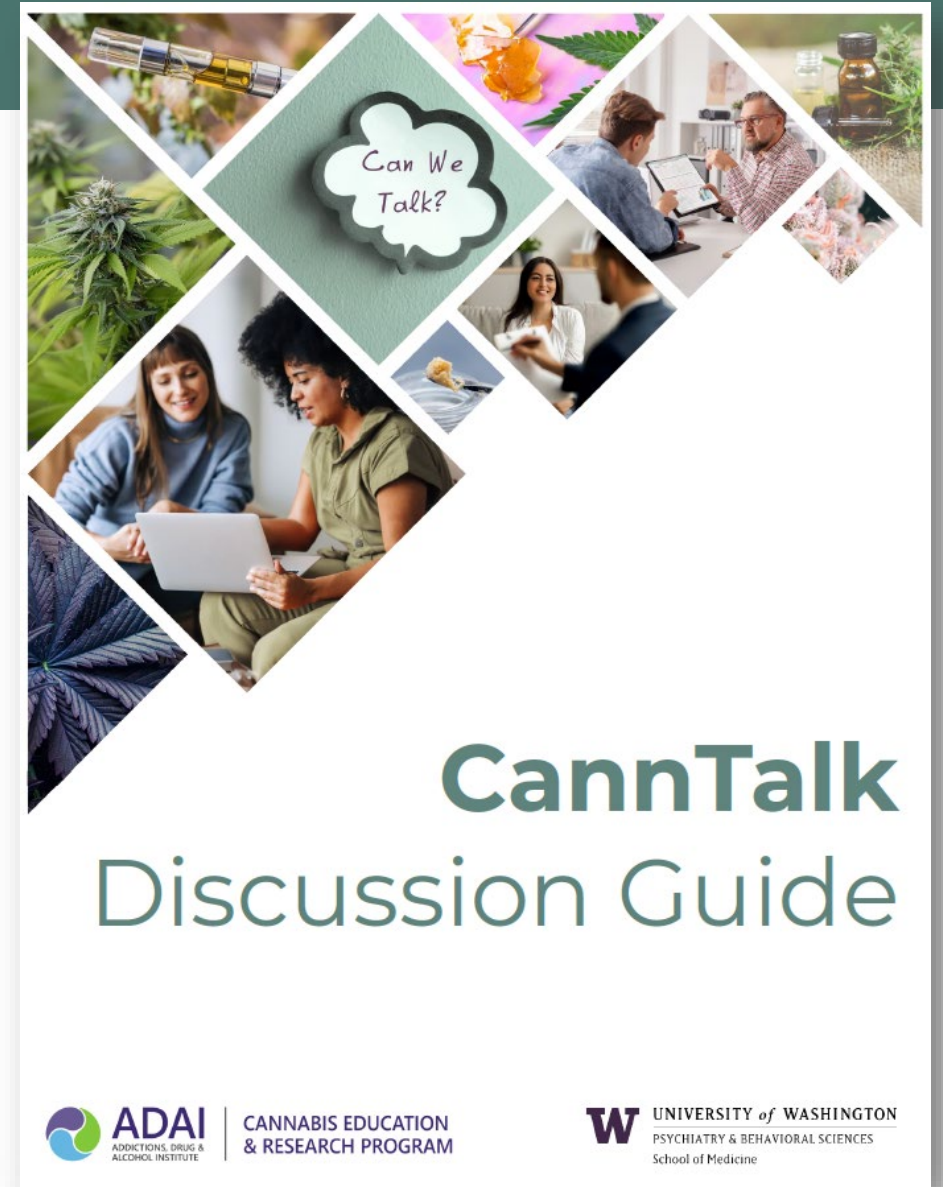
What is CannTalk?

Who is it ideal for?

- Clients experiencing psychosis *and*
- Using cannabis regularly (2+ days/week)

Who else might benefit?

- Clients experiencing psychosis who are using less regularly
- Cannabis induced psychosis



Can We
Talk?



***Use motivational interviewing
strategies to engage in conversations about cannabis***

MI in a Nutshell

Can We
Talk?

- 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.



MI Spirit

Can We
Talk?



MI Skills: OARS

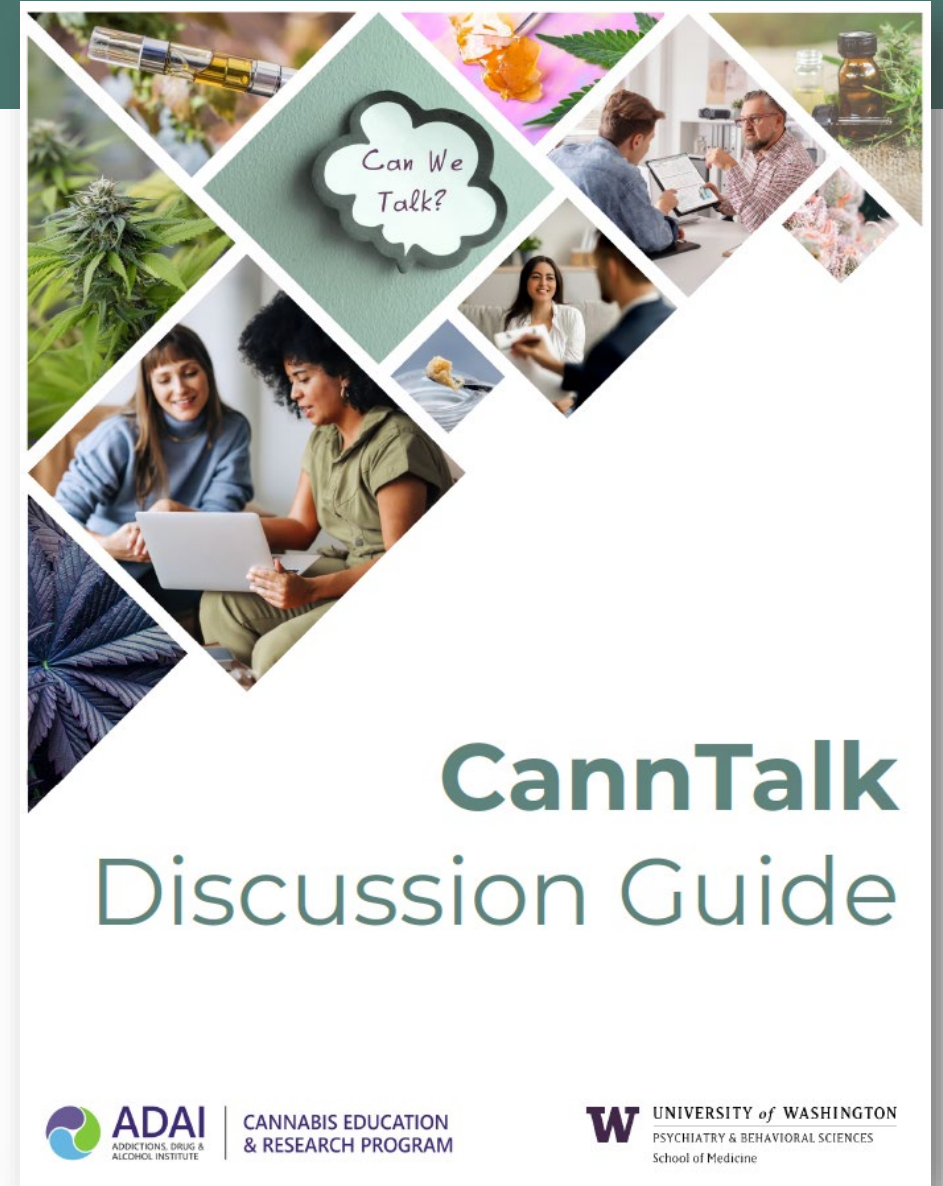
Can We
Talk?



Open-ended questions
Affirm
Reflection
Summary

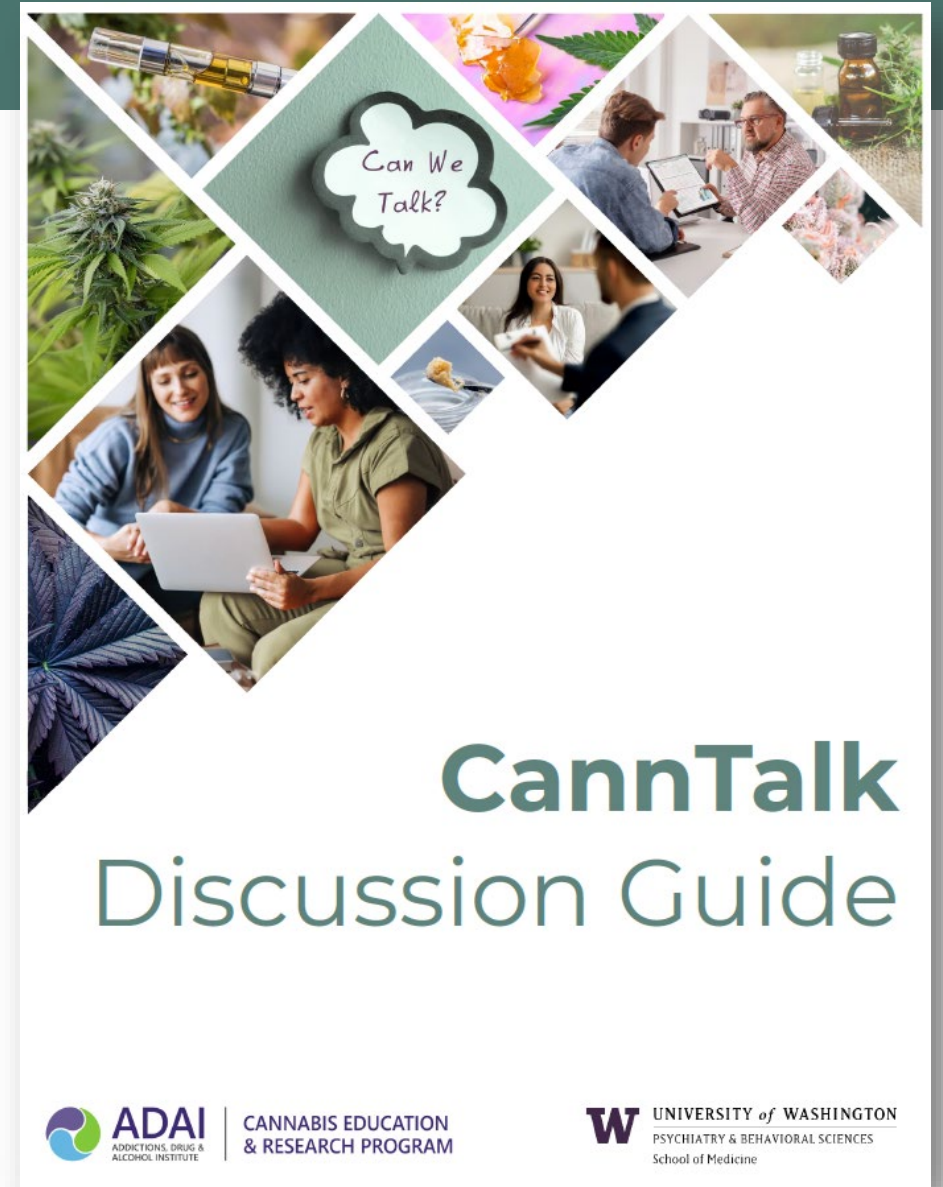
Basic Format

- Ask each question aloud
- Listen and gain an understanding of their response
- Ask other open questions when helpful
- Summarize what you've heard in the space available



Topics Covered

- Cannabis use
- Personal Goals & Cannabis
- Cannabis and Psychosis
- Motivation for changing use
- Next Steps – What would you like to do with this information



Section: Cannabis Use

The first page is to:

- Understand their use patterns
- What they like about cannabis
- What they don't like or consequences they have experienced from cannabis

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?



Section: Psychosis

Can We
Talk?

Psychosis



What have you noticed about how cannabis affects your psychosis?

- Notes about their observations

"How does cannabis use relate to your recovery?"

Can We
Talk?

Evaluation

Recruitment

Can We Talk?



Email: 41.1%



Co-worker: 41.4%



Newsletter & Co-worker:
6.9%



Other: 10.3%



Participation



Screening & Registration

- Eligible (n=33)
- Registered (n=30)



20 WA Clinicians

Pre- & Post-Asynchronous Training

- 22 clinicians completed
 - 73% of registered clinicians

Live Training

- 14 clinicians attended the live 4-hour training
 - 64% of clinicians who completed pre- & post-training

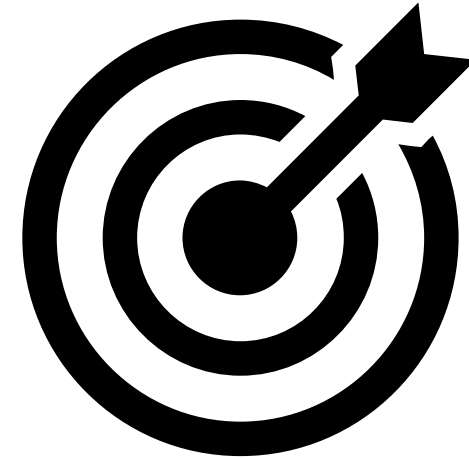
1-month Post-Training

- 12 clinicians completed the 1-month post-training survey
 - 86% of clinicians who participated in live training

3-month Post-Training

- In process

Clinicians feel more knowledgeable about cannabis induced psychosis and related harms



Clinician Knowledge

Can We
Talk?

| | Pre-Asynchronous Training (N = 27) | Post-Asynchronous Training (N = 22) |
|-----------------------------------|------------------------------------|-------------------------------------|
| Knowledge on Cannabis & Psychosis | Mean = 12.00 (SD 2) | Mean = 15.00 (SD .07) |

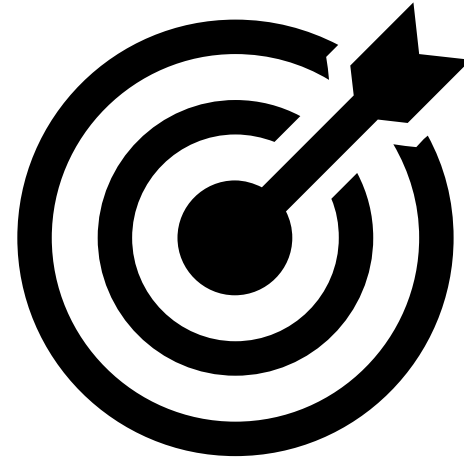
Positives

- “Information about how cannabis has changed..”
- “The cannabis-psychosis information..”
- “The data regarding cannabis potency..”
- “The stats”
- “Discussion on treatment modalities”

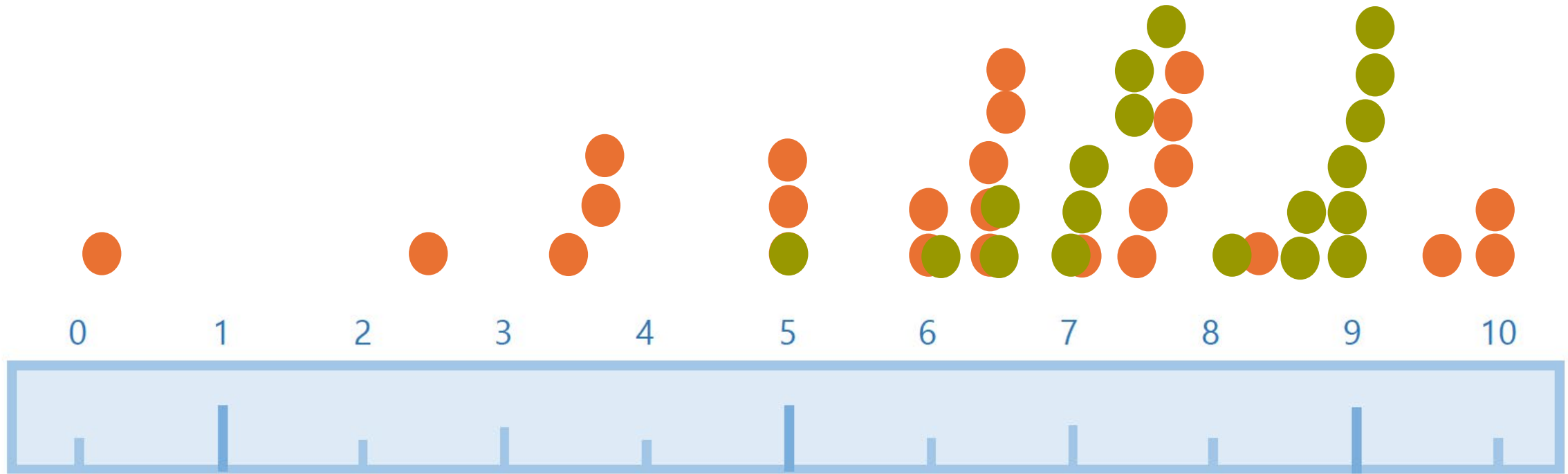
Improvements

- “More audio options..”
- “More summary videos..”
- “More information on psychosis... for families”
- “Perhaps adding case studies, video of Canntalk in action.”

**Clinicians feel more
confident in
discussing cannabis
related risks**



Confidence discussing cannabis related risks on psychosis



Not at all
Confident

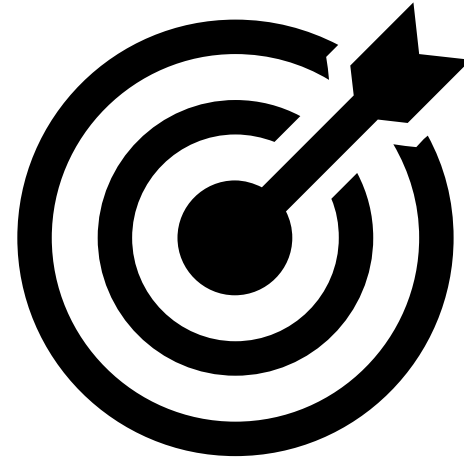
● Pre-
training

● Post-
training

Extremely
Confident

44

**Clinicians increase
use of CannTalk**



Intentions to Use CannTalk

Can We
Talk?

- 1-Month Follow-Up
- **100%** of those who completed CannTalk training intended to use CannTalk to discuss cannabis use with their clients (12/12)
 - **75%** had *already used* Canntalk
 - Provide psychoeducation on cannabis and psychosis (9/12)
 - 58% to discuss cannabis with their clients (7/12)

Intervention Feedback

Can We
Talk?

POSITIVE

- Asynchronous training content is relevant, and format is engaging

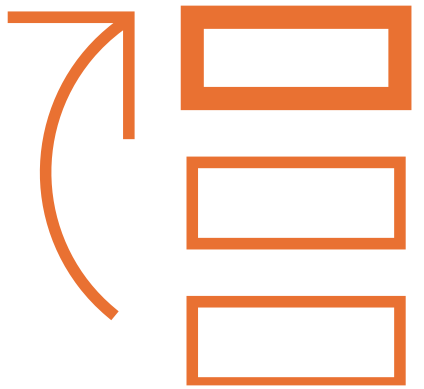
“The new research about thc levels, the effects on youth, and the effects on pre-existing diagnoses or psychotic effects. It was a very interesting and well-presented training.”

- Synchronous training was helpful for reviewing motivational interviewing and practicing how to use the CannTalk Discussion Guide
- The Discussion Guide is easy to use, provides a natural flow of conversation, and can be used either in one session or over multiple sessions

NEEDS WORK

- More variety in synchronous training offerings
 - Shorter and longer
- More info on psychosis and what that would look like to families
- Expand inclusion for others who work directly with clients, peer support specialists and families

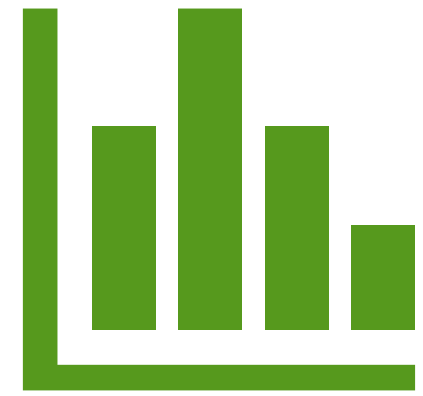
Implications & Next Steps



Interventions to address cannabis use for individuals with psychosis **are urgently needed.**



CannTalk is an evidence-informed approach **to meet the need.**



Long-term evaluation needed to understand the impact of CannTalk on patient cannabis use and symptoms of psychosis.



Expand and tailor **CannTalk** resources for families.

Acknowledgements

Can We
Talk?

CannTalk Development

Content Development

Denise Walker, PhD

Project Director and Program Evaluator

Lyndsey Kellum, MEd

Material Design

Erinn McGraw, BFA

Accessibility and Content Management

Meg Brunner, MLIS

Program Oversight and Consultation

Bia Carlini, PhD, MPH

Sharon Garrett, MPH, MA

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.