



# CannTalk: A Brief and Easy to Use Guide for Having Conversations about Cannabis

Denise Walker, PhD



**ADAI**  
ADDICTIONS, DRUG &  
ALCOHOL INSTITUTE

CANNABIS EDUCATION  
& RESEARCH PROGRAM



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

# Overview

Can We  
Talk?

- Review cannabis risks to psychosis
- Motivational interviewing refresher
- Introduce the CannTalk resources
- Overview of the CannTalk Discussion Guide

Can We  
Talk?

# Cannabis and Psychosis

Delta-9 THC

# Prevalence

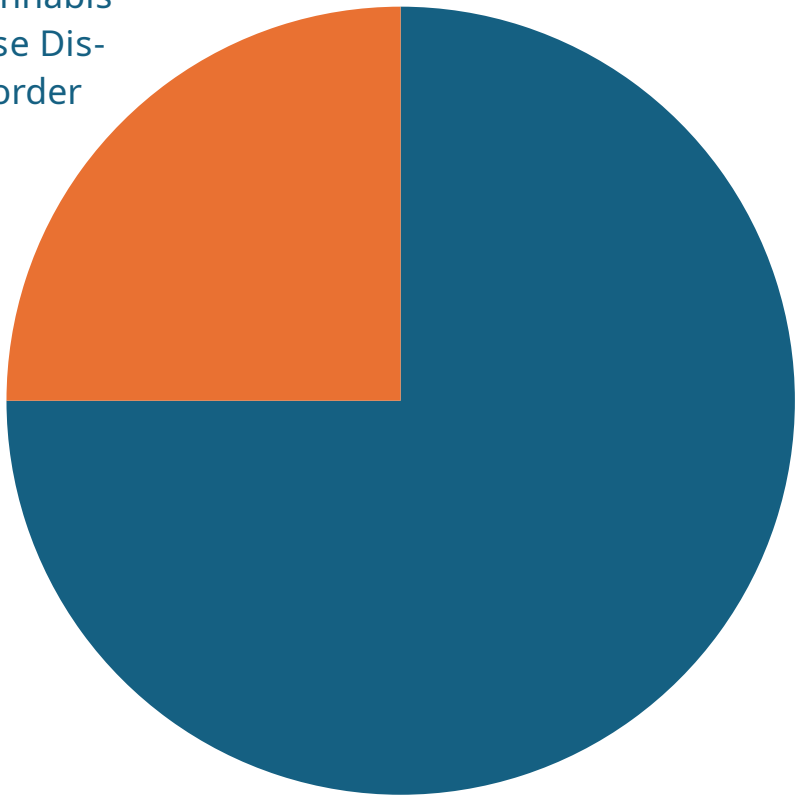
Can We  
Talk?

- 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

Can We  
Talk?

Cannabis  
Use Dis-  
order



- 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) is 16.5%

# Development of Psychosis

Can We  
Talk?



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

Can We  
Talk?



Cannabis use  
lowers the age  
of onset of  
psychosis

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

# Development of Psychosis

Can We  
Talk?

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

# Cannabis & Psychosis Treatment

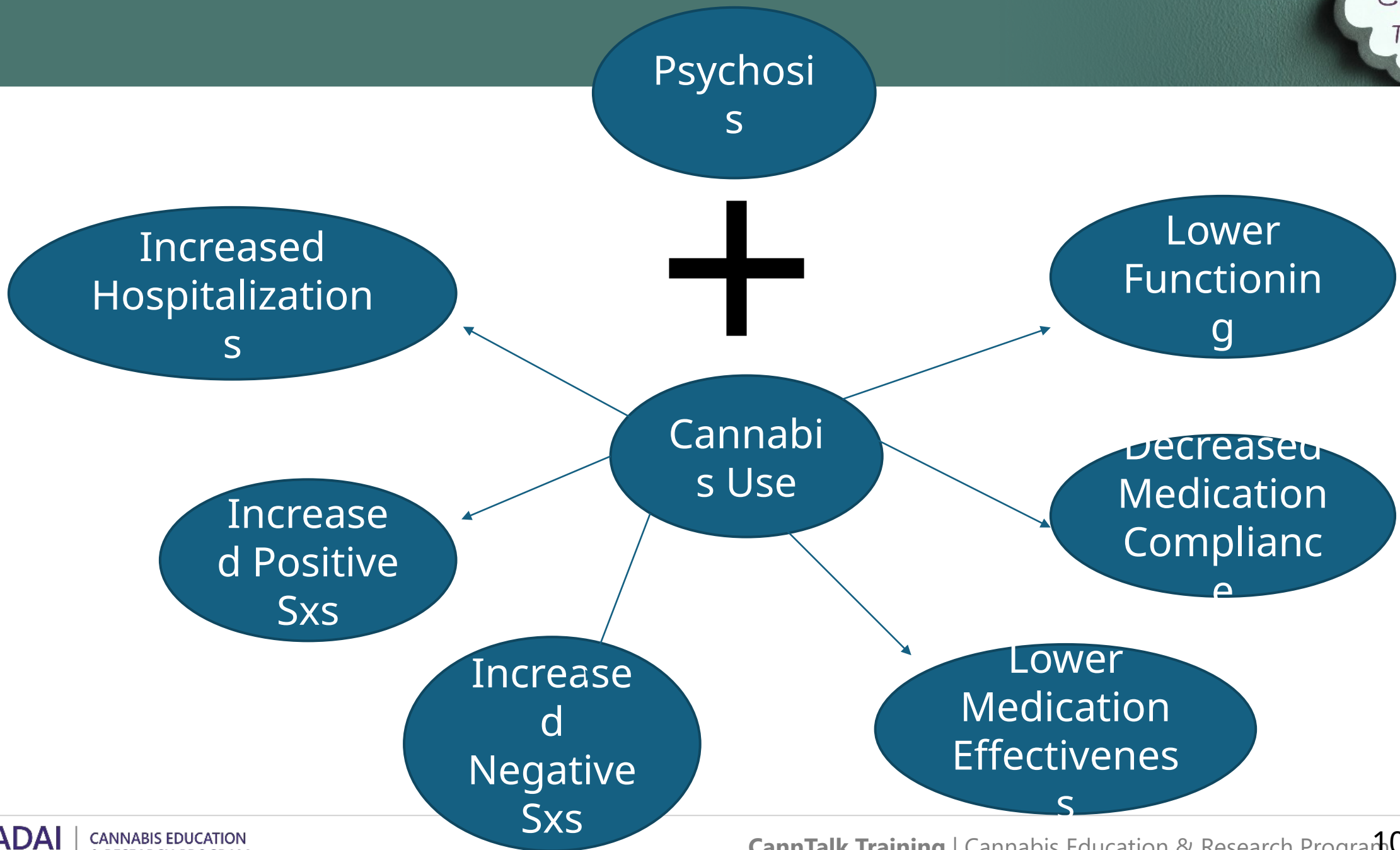
Can We  
Talk?



- Persistent cannabis use negatively impacts treatment outcomes for those experiencing psychosis

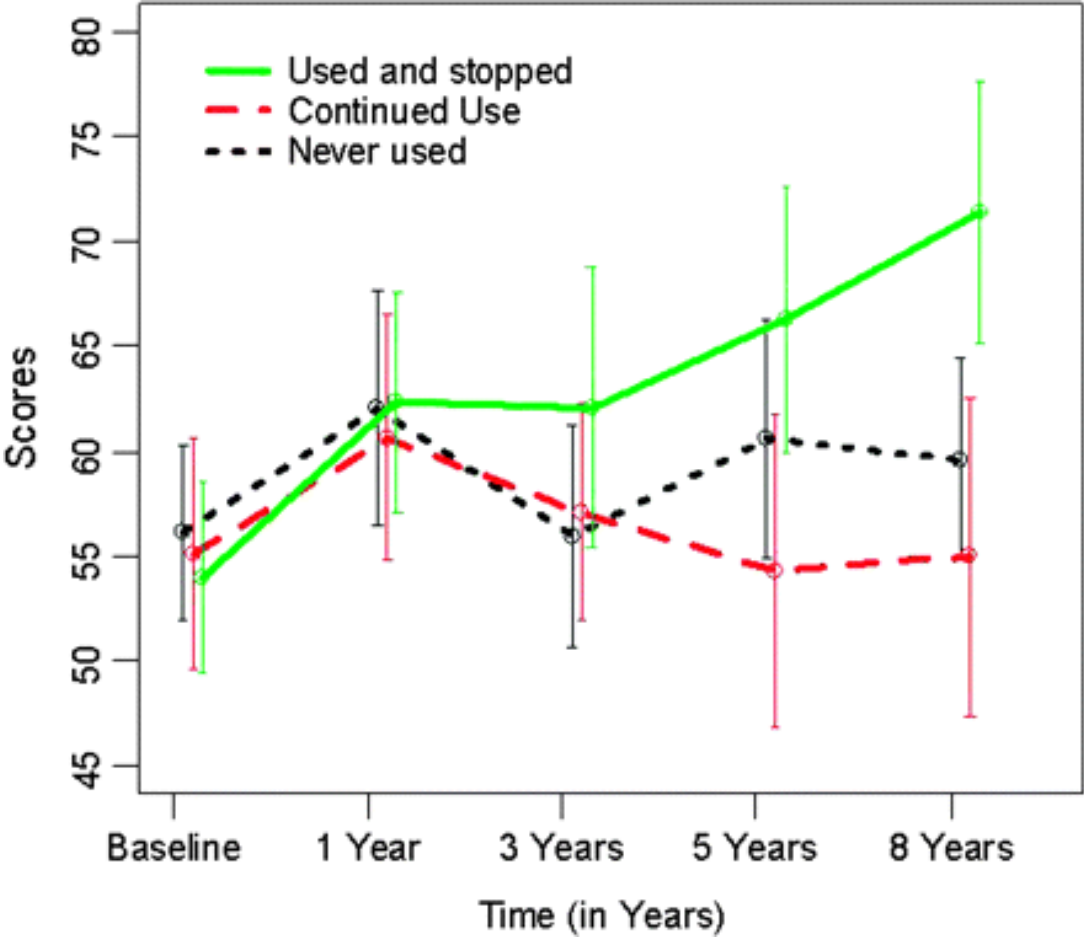


Can We Talk?




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

Can We  
Talk?



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

The content of this slide may be subject to copyright: please see the slide notes for details 

# Schizophrenia has no cure

Can We  
Talk?



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.

**Experts agree that  
cannabis is a major  
preventable cause  
of psychosis relapse**

# 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



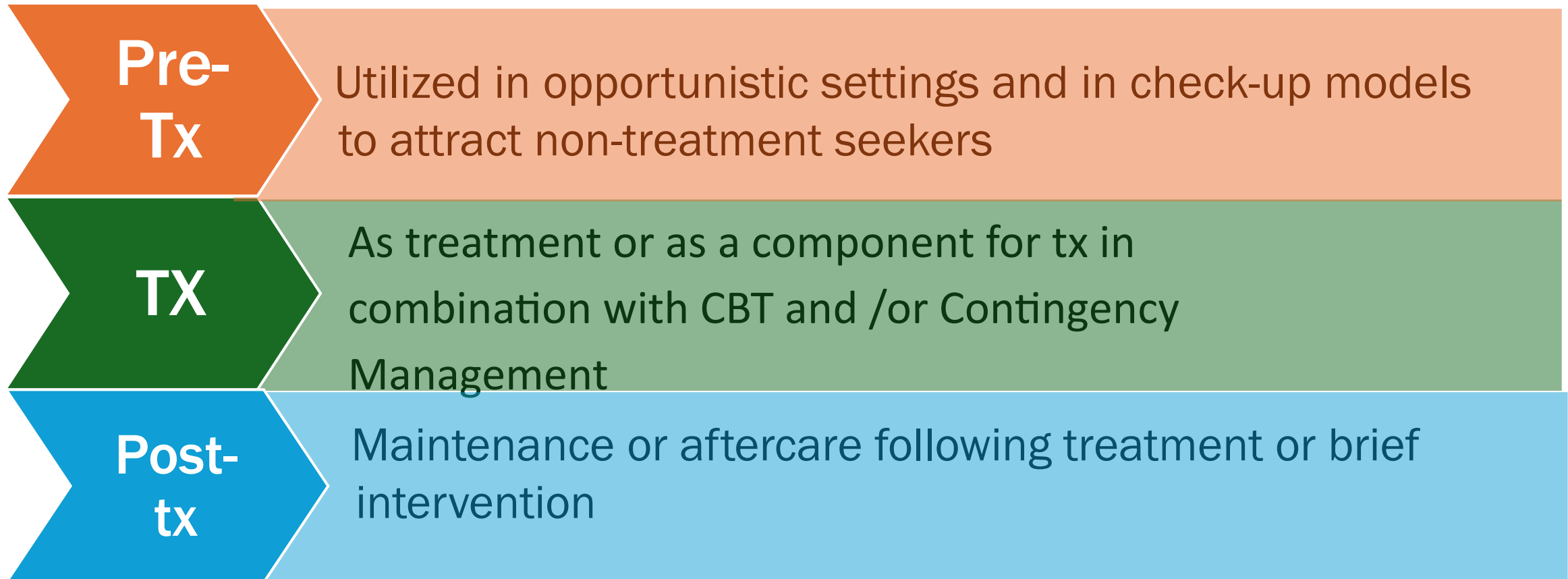
# Effective Treatments for Cannabis

Can We  
Talk?



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

# Motivational Enhancement Therapy



# 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?

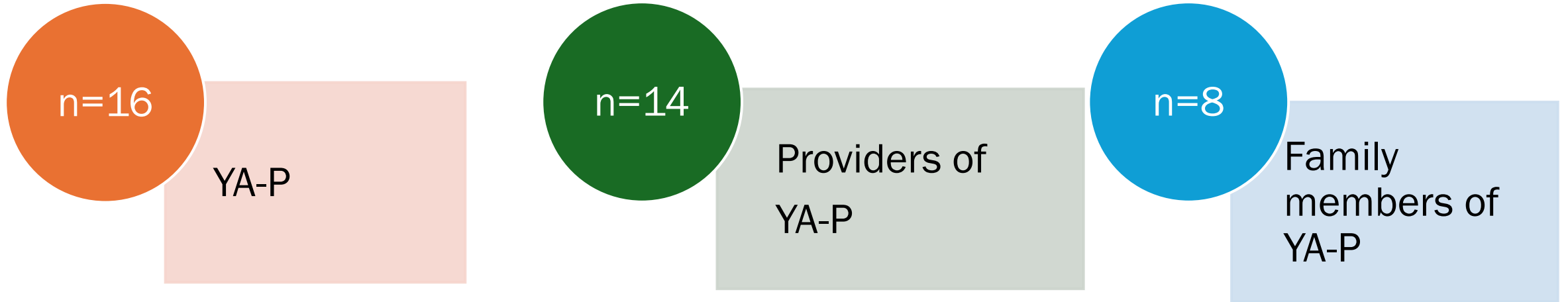
- Aim was to inform the development/adaptation of a combined cannabis intervention to reduce cannabis use among young people with psychosis
- Intervention would involve an individual intervention for YA-P and skills training for family members of YA-P
- We asked what facilitated and what got in the way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

Funded by the University of Washington's Royalty Research Fund

# Qualitative Study



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 Young Adults experiencing Psychosis:
  - Cannabis and tx participation
  - Feedback – cannabis and risk of re-hospitalization
  - Cannabis and symptoms of psychosis
  - Harm Reduction tips

# Pilot Study Methods



25

# 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.”

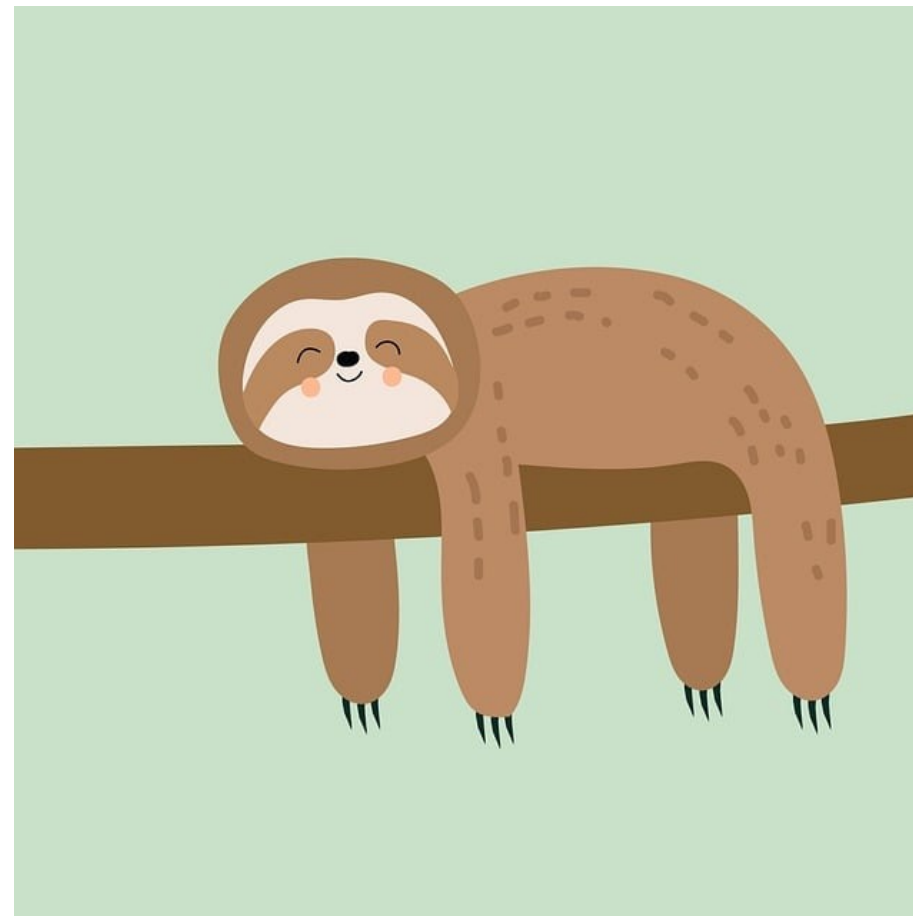
# Personalized Feedback

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

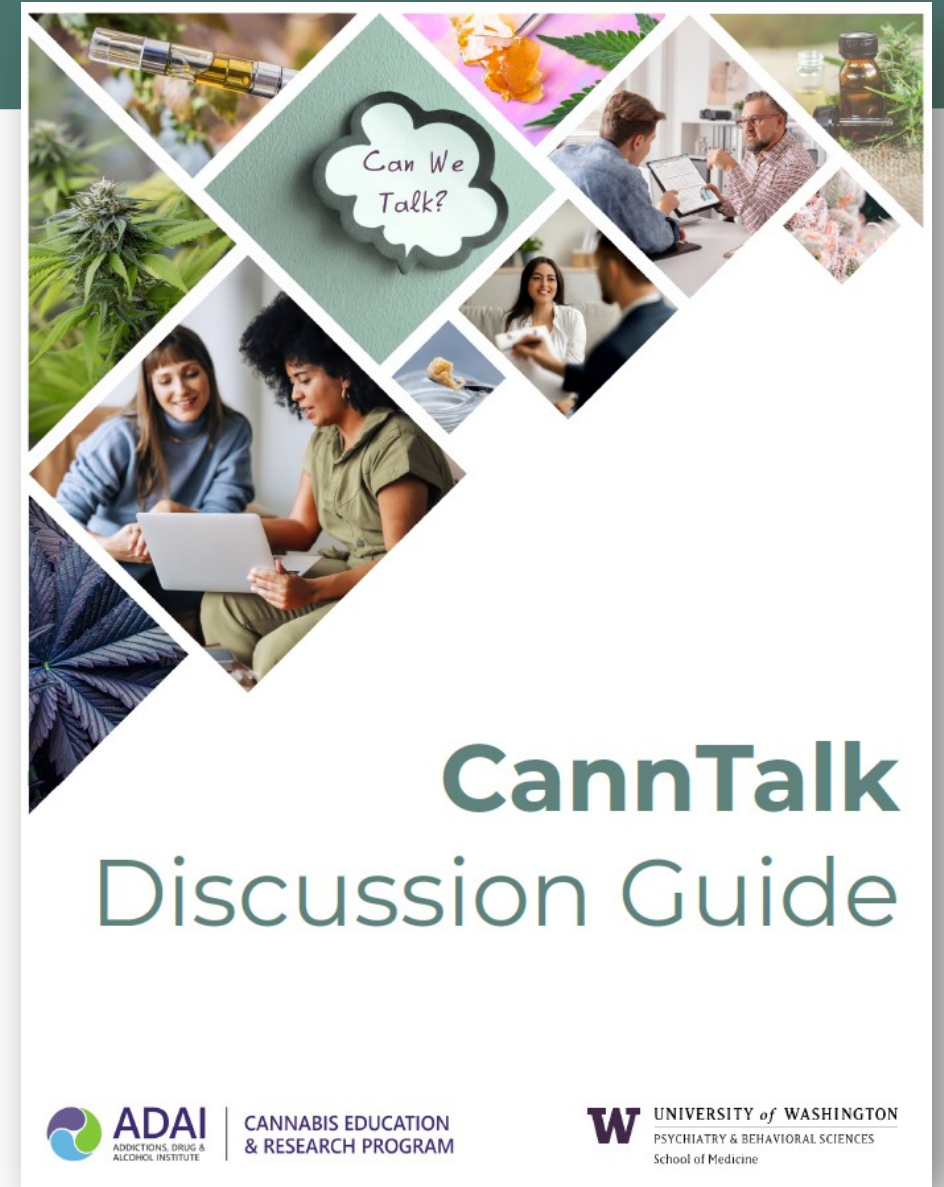
- Training program to facilitate delivery
- Manual
- Asynchronous training
- Synchronous training

## Evaluate

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

# 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

Can We  
Talk?



**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



**What to Know About  
Cannabis & Psychosis**

START COURSE


 **ADAI**  
ADDICTIONS, DRUG &  
ALCOHOL INSTITUTE

 **W** UNIVERSITY of  
WASHINGTON


# Print materials



## CannTalk Discussion Guide


 **ADA I**  
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.

 **ADA I**  
ADDICTIONS, DRUG &  
ALCOHOL INSTITUTE

**CANNABIS EDUCATION  
& RESEARCH PROGRAM**

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

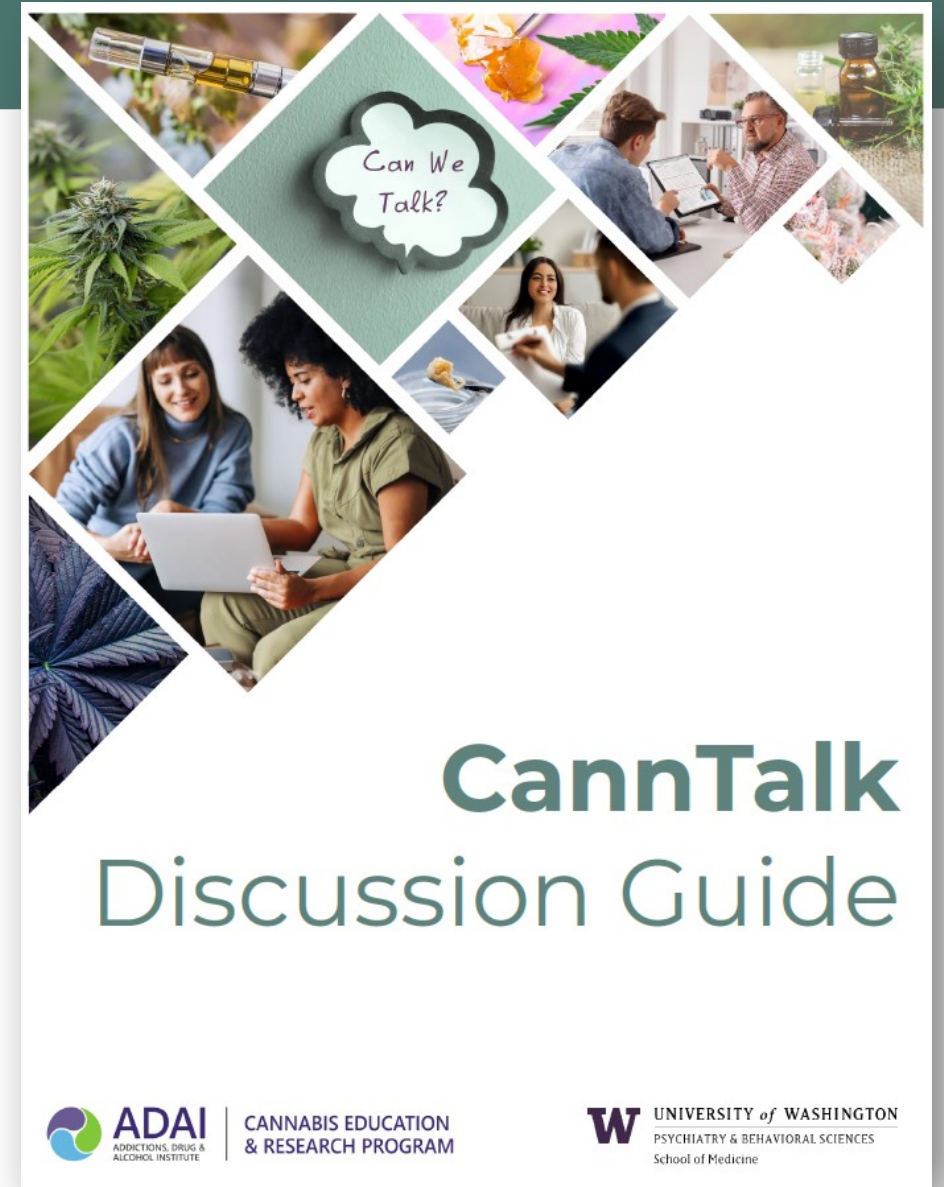
# What is CannTalk?

## Who is it ideal for?

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

## Who else might benefit?

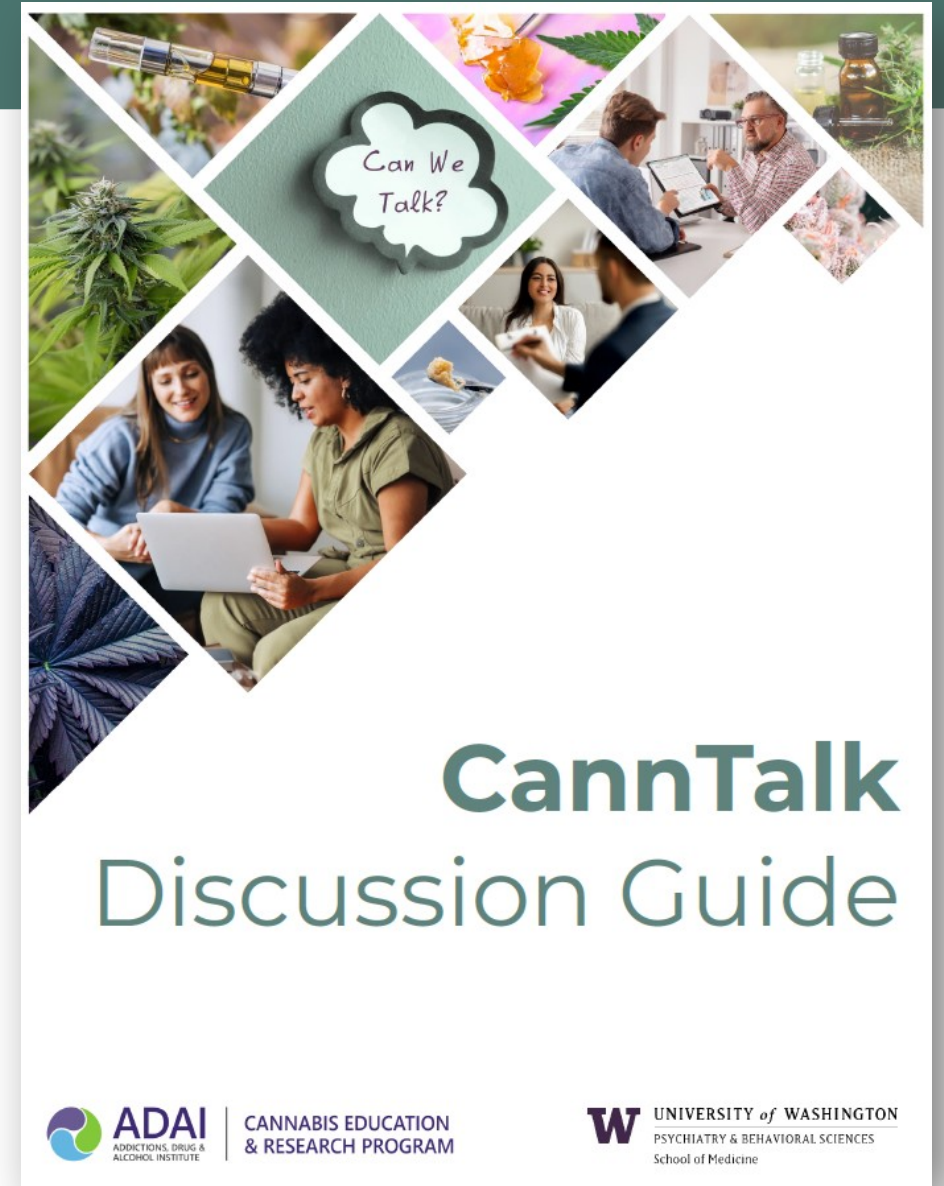
- Clients experiencing psychosis who are using less regularly
- Cannabis induced psychosis



# What is CannTalk?

## Who is it not for?

- Clients who have a primary SUD other than CUD
- Abstainers
- Clients with active and debilitating psychotic symptoms





# Cannabis Assessment

Is my client a good candidate for CannTalk?

# Challenges

Can We Talk?

## 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

- Alcohol: 12 oz beer = 5 oz of wine = 1.5 oz of spirits
- Cannabis: Few standardizations of dose
- Edibles: 10mg of THC = 1 dose
- Variety of products, methods of administration, and THC content
- Regulated market can make this easier with labeling

# Cannabis Assessment- Shortcut

Can We  
Talk?

**1) How many days in the past 30  
have you used cannabis?**

**If, 8 or more days in past month,**

**Offer CannTalk**

**If, 2-7 days, possibly offer**

**If, 0 days, no, but be curious**



# Cannabis Assessment

Can We  
Talk?

**For those experiencing psychosis,  
any use incurs risk**

Conversational approach –  
ask details about:

- Products
- Administration
- Frequency/quantity
- Hours high
- Consequences

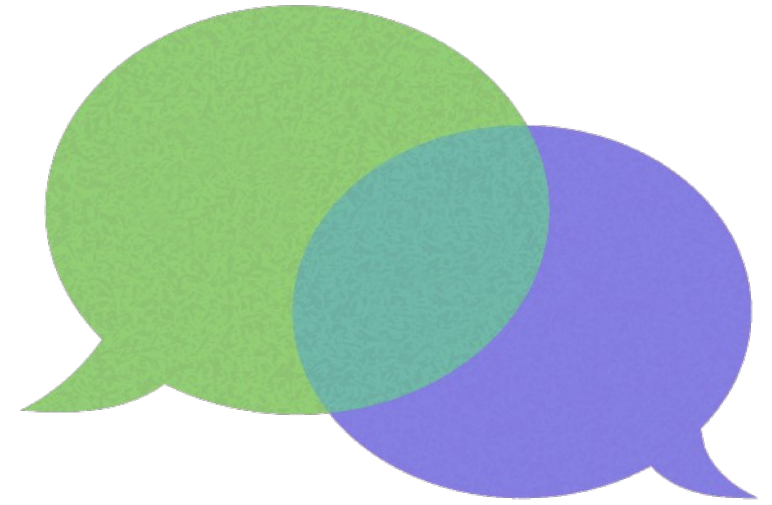


# Conversational Approach - Open

Can We  
Talk?

## 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

Can We  
Talk?

## Sometimes closed questions work better for certain clients:

- **Products**

*"What products do you typically use?"*

- **Administration**

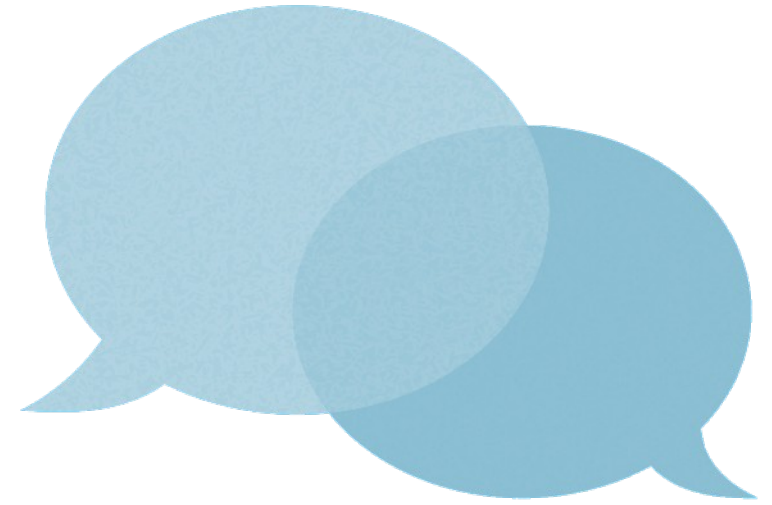
*"How do you use your cannabis? Smoke, vape, dab, eat?"*

- **Frequency/quantity**

*"How often do you use?"*

- **Hours high**

*"When you use, how many hours out of the day are you high?"*



# CUDIT-R

## 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 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

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

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

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 2 Yes, in the past 6 months 4

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: \_\_\_\_\_

Adamson SJ, Kay-Lambkin FJ, Baker AL, Lewin TJ, Thornton L, Kelly BJ, and Sellman JD. (2010). An Improved Brief Measure of Cannabis Misuse: The Cannabis Use Disorders Identification Test – Revised (CUDIT-R). *Drug and Alcohol Dependence* 110:137-143.

Available in the *CannTalk Manual appendix*



# Motivational Interviewing

## Review of key concepts

# 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 Spirit: Collaboration

Can We  
Talk?



## Partnership

**Both** the client and the counselor bring expertise to the interaction

# MI Spirit: Collaboration

Can We  
Talk?

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



# MI Spirit: Evocation

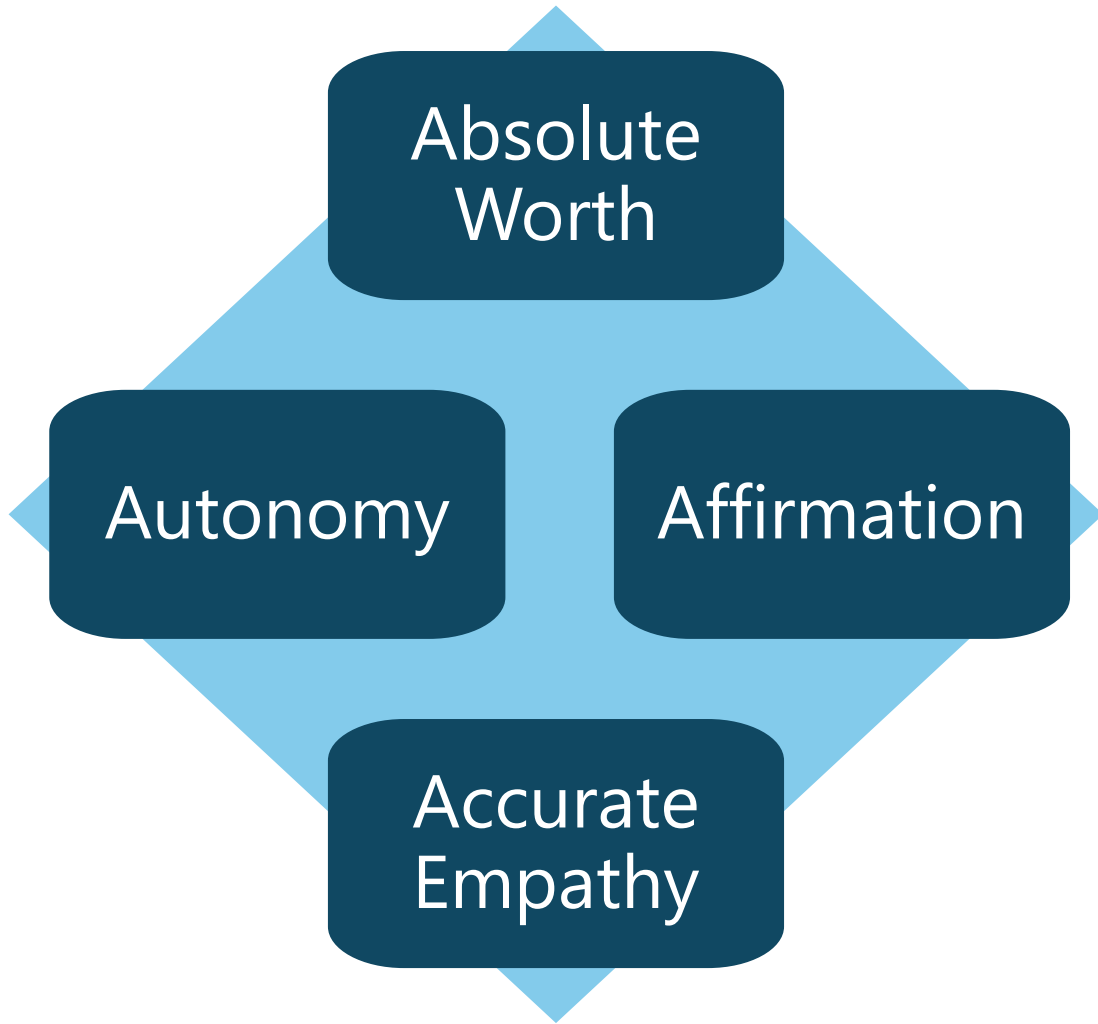
Can We  
Talk?



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

# MI Spirit: Acceptance

Can We Talk?



# MI Spirit: Compassion

Can We  
Talk?

***“To be compassionate is to actively promote the other’s welfare, to give priority to the other’s needs.”***

**Why is compassion an essential element of the spirit and practice of MI?**

# MI Skills: OARS

Can We  
Talk?



**O**pen-ended questions  
**A**ffirm  
**R**eflection  
**S**ummary

# OARS: Open-Ended Questions

Can We  
Talk?

- 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 ?s Exercise

Can We  
Talk?

*"Have you been in treatment before?"*



*"Tell me about your treatment experiences."*

*"Does your cannabis use make your psychosis worse?"*

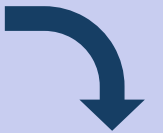


*"How does your cannabis use affect your symptoms?"*

# Converting Closed ?s Exercise

Can We  
Talk?

*"Do you know that cannabis is related to rehospitalization?"*



*"What do you know about the risks of cannabis for psychosis?"*

# OARS: Affirm

Can We  
Talk?

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, and spirit of the client



# OARS: Affirm

Can We  
Talk?

## 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's scary, you're determined to find work."*

# OARS: Reflection

Can We  
Talk?

## Reflective Listening: *Foundational Skill*

- Statements, not questions
- Intent is to accurately understand
- Interest in what the client has to say
- Make a guess what you think they mean
- Can amplify meaning or feeling
- Make a guess what you think they would say next

# OARS: Reflection

Can We Talk?



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



**SIMPLE**

"Smoking helps your mood."



**AMPLIFIED**

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



**COMPLEX**

"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."



**DOUBLE-SIDED**

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

# Change Talk

Can We  
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

# Change Talk & Psychosis

Can We  
Talk?

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
- Avoiding rehospitalization



# Change Talk & Psychosis

Can We  
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.

# Which Ones Are Change Talk? Exercise

Can We  
Talk?

1. Cannabis helps my anxiety.
2. Weed is fun. I like being high.
3. Sometimes I wonder if my cannabis use is holding me back.
4. My girlfriend likes it when I smoke less.
5. Pot helps expand my creativity.
6. I wish I didn't feel like I *need* cannabis.
7. When I'm high, I don't do the things I'm supposed to.
8. I don't want cannabis to get in the way of my recovery.
9. I need to stop buying cannabis.
10. I've tried to quit before, but I failed. It's really hard.





# Stretch Break!

## 5 mins



# Using the CannTalk Discussion Guide

## Working together with your client

Can We  
Talk?



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

# Accessing the Materials

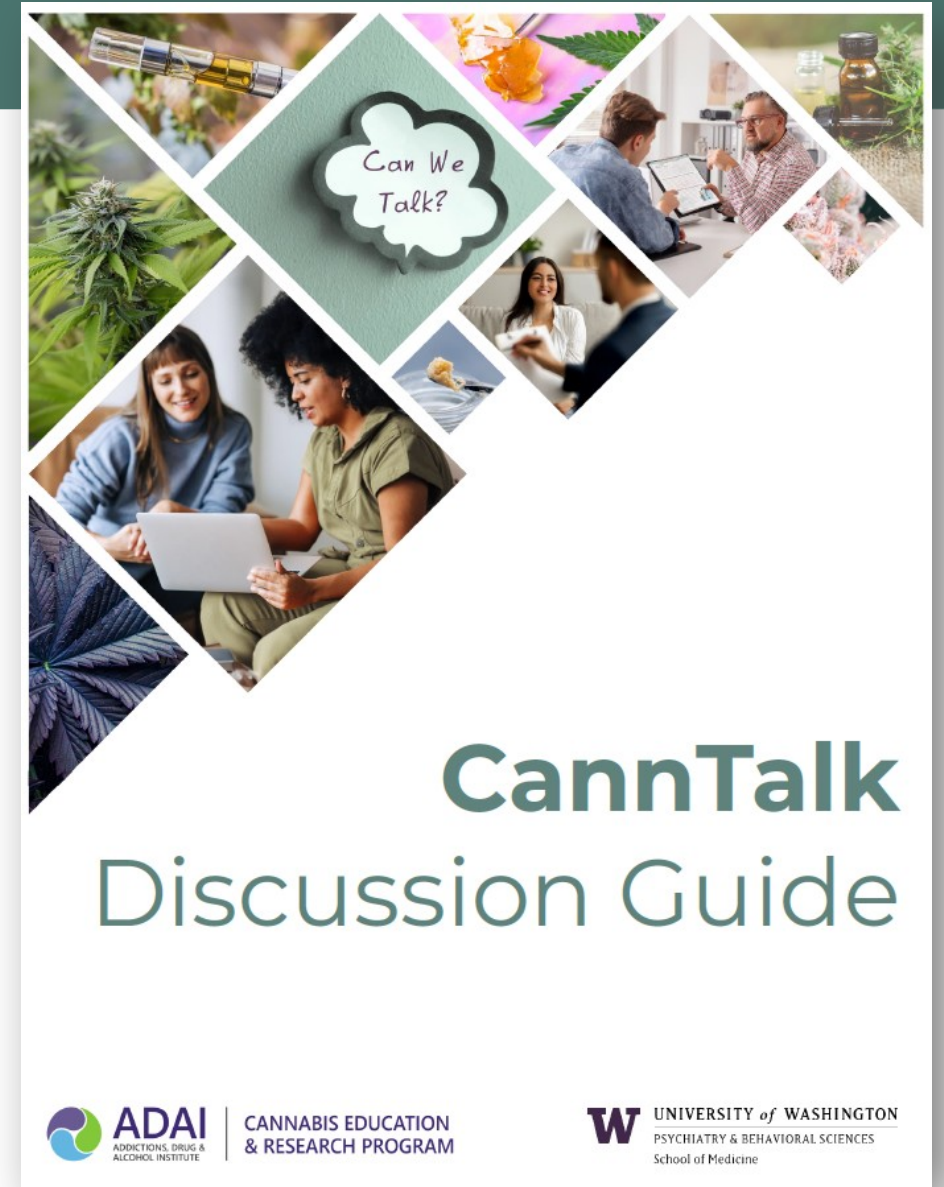
Find the **Clinician Manual** and **Discussion Guide** online

<https://adai.uw.edu/canntalk>



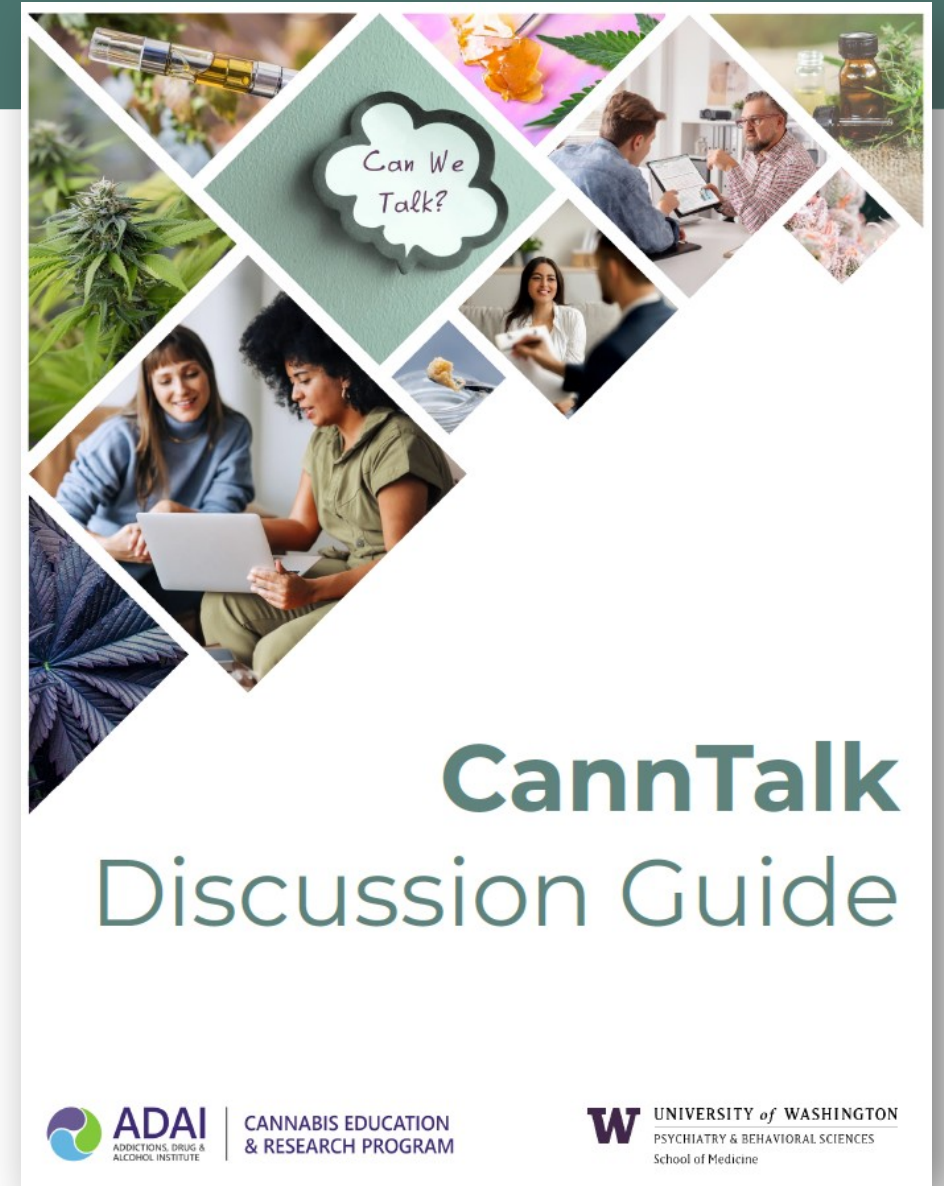
The Discussion Guide has two versions:

- **Print for in-person** or
- **Electronic form for telehealth**



# 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



# 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?*

---

---

---

---

---

---

---

---

---

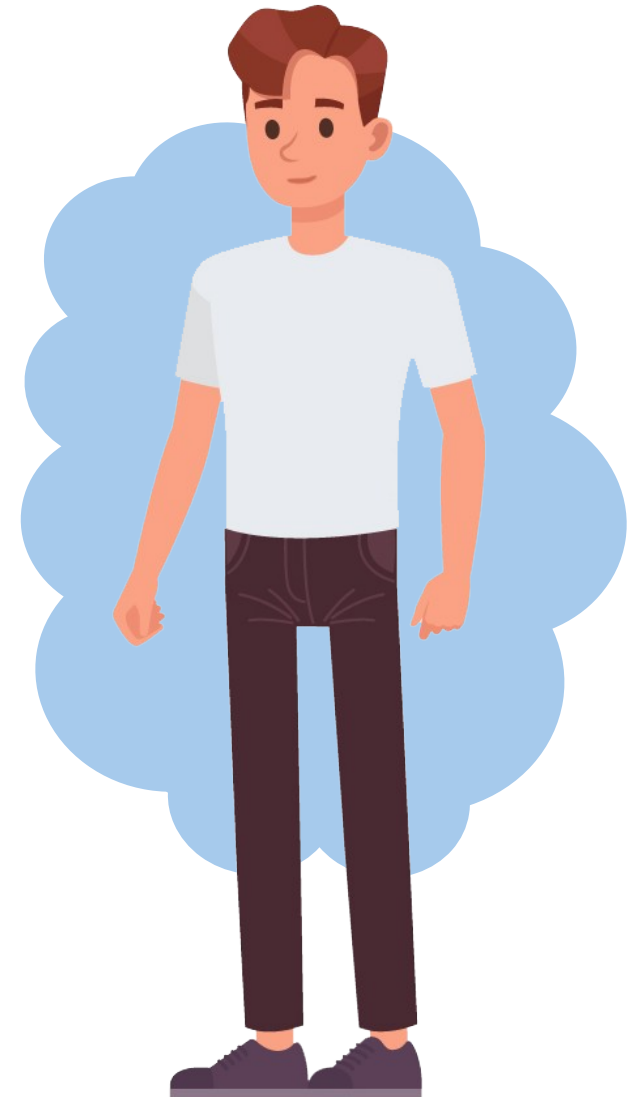
---



# Case Example: "Mike"

Can We  
Talk?

- Male
- 22 years old
- Caucasian
- Attending a New Journeys program for 6 months
- High School Education
- In a romantic relationship
- Chaotic family of origin, SUD history
- Employed
- Would like to go back to college for teaching



# Understand Cannabis Use Exercise

Can We  
Talk?

## Understand how cannabis fits into their life

*"The first time I ever smoked anything was probably in seventh grade and then in high school is when my usage really kicked up, and I started using pretty much every day, all day.*

*At that point, I was slightly abusing the drug, so it was not the healthiest of things. But as time went on, I slowly started to use it for what it's used for. So, I use it to help me sleep and really just to calm down. But now, I try and keep my use to after work."*

1. Craft **one reflection** to this.
2. Craft **one open question** to understand what his use is now.

# Section: Cannabis Use

Can We  
Talk?

## What does it sound like?

***Tell me about your cannabis use.***

You used to use all day everyday and that didn't feel healthy, like it might be abusing cannabis. You made big reductions in your use and now you use most days, but really try to keep it to after work. You typically use a vape pen with cannabis oil. On workdays, you use after work until bed. On your days off, you use more frequently throughout the day.

# Section: Cannabis Use

Can We  
Talk?

## Pros and cons demonstration:

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

- Notes about what they like about using \_\_\_\_\_
- Notes about what they like \_\_\_\_\_
- Notes about what they get out of it \_\_\_\_\_

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

- Notes about the negative aspects of using \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

# Section: Cannabis Use

Can We  
Talk?

## *Tips on the “not so good”*

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

- This section is really important!
- Opportunity for the client to share lots of **change talk**.
- Be curious and interested in each consequence or inconvenience
- **Ask for examples** or details of each. Spend enough 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.”*

# Evoking Change Talk Exercise

Can We  
Talk?

Counselor: So what downsides, if at all, does cannabis continue to have?

Patient: If I do too much. Then sometimes it can make me really groggy and really tired in a time that I don't want to be tired like if I'm going out. It used to affect my work because I would hit it on my lunch time.

I mean, sometimes it can increase my social anxiety, so I tend not to use it before going into a big store. That's really the only negative symptoms that I've seen from it.

I have really bad anxiety in general, and I'm constantly worried about what other people are thinking of me. So, when I'm high, it's like, oh, they know I'm high like they're gonna get me.



# Where is the Change Talk?

Can We  
Talk?

Counselor: So what downsides, if at all, does cannabis continue to have?

Patient: **If I do too much. Then sometimes it can make me really groggy and really tired in a time that I don't want to be tired like if I'm going out. It used to affect my work because I would hit it on my lunch time.**

**I mean, sometimes it can increase my social anxiety,** so I tend not to use it before going into a big store. That's really the only negative symptoms that I've seen from it.

I have really bad anxiety in general, and I'm constantly worried about what other people are thinking of me. **So, when I'm high, it's like, oh, they know I'm high like they're gonna get me.**



# Section: Goals

- What is important to them?
- What are they working toward?
- What do they value?
- Is cannabis helping or hurting their chances of attaining their goals?
- If you've already worked on goals, use them!
- If not, try and keep them SMART
- If useful, offer examples of goals other clients have worked on

## 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?

# Section: Goals



## Identifying goals

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

- Short-term goal \_\_\_\_\_

- Short-term goal \_\_\_\_\_

- Short-term goal \_\_\_\_\_

- Long-term goal \_\_\_\_\_

- Long-term goal \_\_\_\_\_

# Section: Goals



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

1. Enroll in community college
2. Better relationship (less arguing) with family
3. Start going to the gym

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



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
Enroll in Community college		
Less arguing with family		
Gym exercising routine		

# Section: Psychosis

- Many clients are motivated by their recovery.
- How does their cannabis use relate to their recovery?
- When cannabis affects their psychosis negatively, this is change talk.
- It's common for clients to report cannabis helps their mental health.

## Psychosis



**What have you noticed about how cannabis affects your psychosis?**

---

---

---

---

---

---

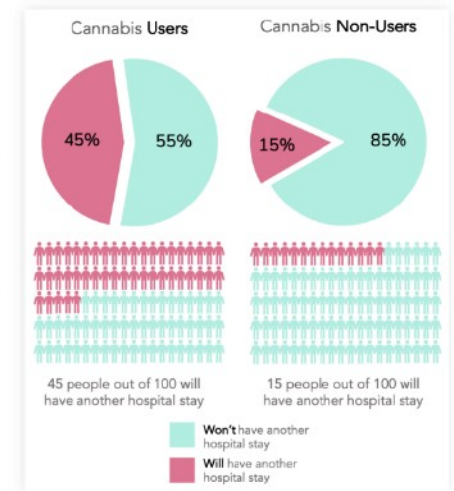
---

---

## 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.

# Section: Psychosis

Other questions that might be helpful to understand this relationship:

- *“What came first for you – cannabis or psychosis?”*
- *“Describe for me what it looks like when cannabis makes that symptom worse?”*

## 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?**

---

---

---

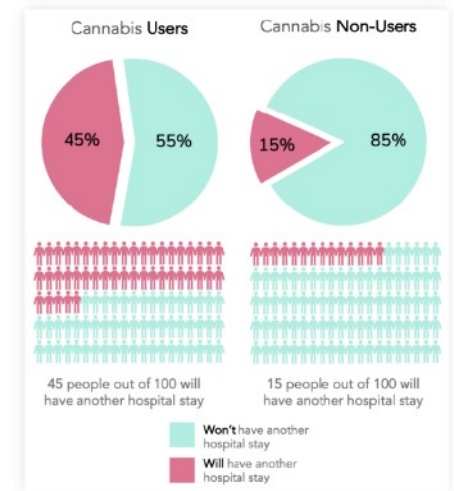
---

---

---

---

---



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.

# Section: Psychosis



## What does it sound like?

### Psychosis



***What have you noticed about how cannabis affects your psychosis?***

- Notes about their observations

---

---

---

---

# Cannabis & Psychosis Exercise

Can We  
Talk?

## How does cannabis affect psychosis symptoms?

*"I started having all my mental health stuff around the time I was using daily. I got hospitalized because I was just really out of touch with reality. Yeah, so I guess when I started using really heavily, and really potent stuff is when my psychosis started.*

*I still really like it, though. It helps with my anxiety. And it's just fun and gives me something to do. It does make my paranoia worse, so I need to make sure that I either don't go out when I've been using or I don't use too much."*

# Section: 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?

---

---

---

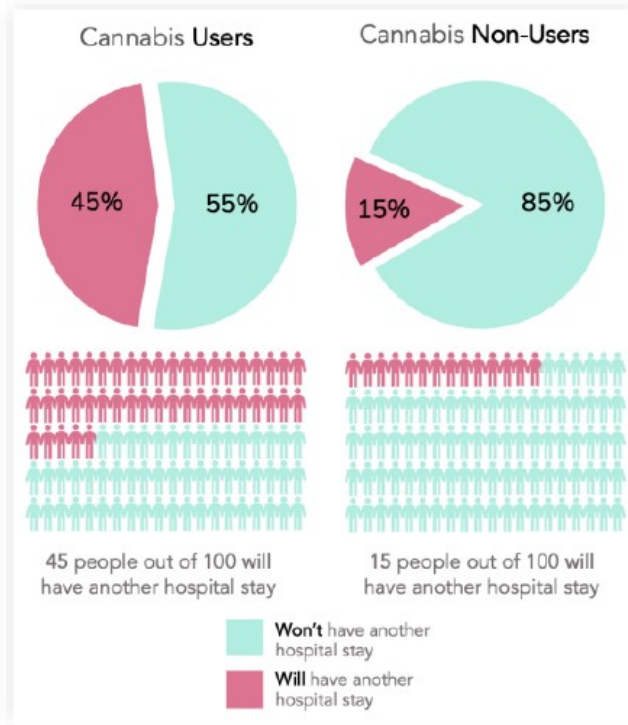
---

---

---

---

---



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.

- YA-P want science-based information on psychosis and cannabis and said they would retain the hospitalization data
- Psychoeducation specific to cannabis and psychosis.
- How did they use prior to hospitalization?

# Section: 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?

---

---

---

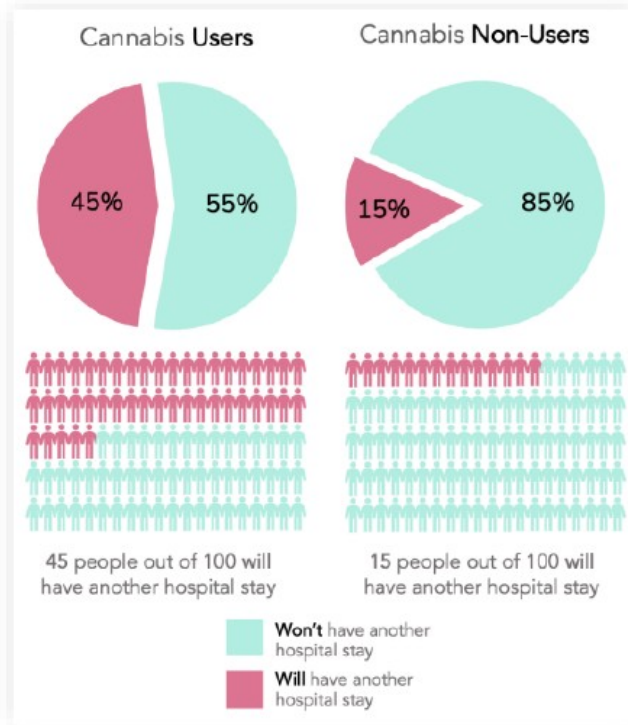
---

---

---

---

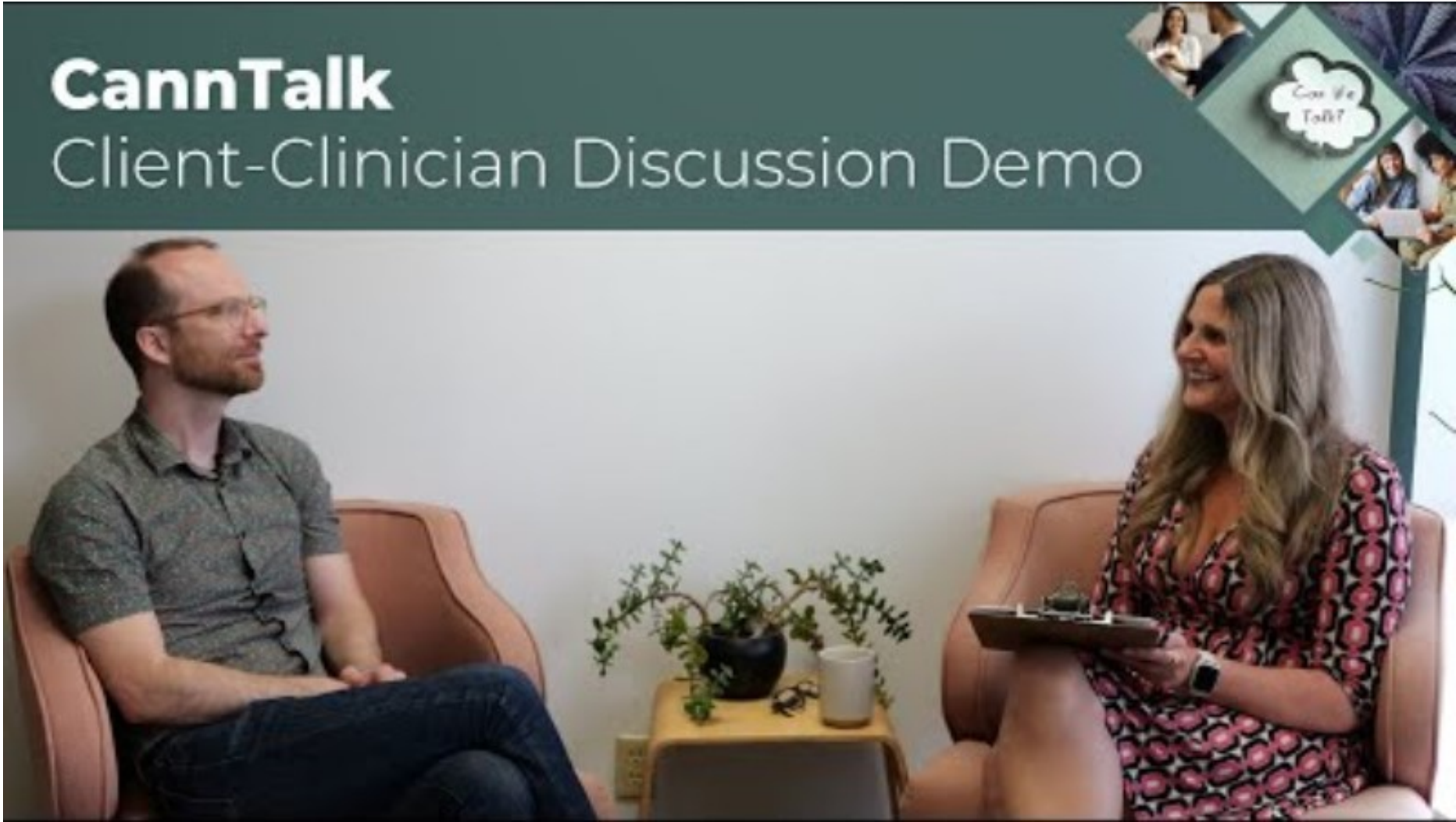
---



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.

- Ask permission before sharing.
- What have they heard about how cannabis interacts with psychosis?
- **Ask-Provide-Ask** model

Can We Talk?



# Section: Psychosis

Can We  
Talk?

## Example conversation on rehospitalization:

Counselor: Okay, so this is information that we know from research around cannabis and hospitalization for psychosis. This is based on a research study that was done looking at young adults who were diagnosed with early psychosis and looking at their cannabis use and their rate of hospitalization.

For young adults who are going into an early psychosis program, the ones that are either not using cannabis at all or used to use cannabis but quit at the start of the early psychosis program, *only 15 out of 100* will be re-hospitalized for psychosis. For the folks who are using cannabis and continue to use once they've started an early psychosis program, *45 out of 100* are likely to be rehospitalized for psychosis.

Client: Oh, wow!

# Section: Psychosis

Can We  
Talk?

## Example conversation on rehospitalization:

Counselor: What do you think about that?

Client: I like to think that my marijuana use helps my symptoms, and so to see that it has the potential to be kind of damaging, and like making those symptoms come out more and leading to more hospitalizations is very interesting. And now it just makes me think did it play a part in my hospitalization recently. So that's very interesting.

# Section: Psychosis

Can We  
Talk?

## Example conversation on rehospitalization:

Counselor: It's kind of shifting your perspective. Is this something that I need to be thinking more seriously about with regard to my mental health? Because the way I've always thought of it is it's helpful, not hurting. It sounds to me like you're saying okay, even with these reductions that I've made, which has been good for my mental health, and my life overall, I may have to even be thinking about the contribution it continues to play, if at all, with regard to my psychosis, symptoms or hospitalization.

Client: Yeah.

# Section: Motivation

- Allows client to wrestle with the question of change with guidance from you.
- Ask and listen for the client's response.
- Avoid offering what you think they might say.

## 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?

<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?

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

# Section: Motivation

- **Option:** Offer a summary of what you've heard so far about their use and impacts, emphasizing change talk.
- Once you've heard their choice – follow to the appropriate questions.

## 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?

<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?

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

# Section: Motivation



## Yes! Motivated to make changes

- All the questions lead to change talk
- Reflect! Be curious about the what, why and how.
- Use open questions to increase detail and enhance motivation

**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?*

---

---

---

---

# Section: Motivation



## Not ready to change?

- No worries! This is common.
- Help the client articulate boundaries for their use and when changes might be required
- Or imagine a time use would be incongruent with their goals or values
  - What would be going on in their life?
  - What kinds of consequences would they need to experience?
  - What might they work toward that would deprioritize cannabis in their life?

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?*

---

---

---

---

---

---

---

---

# Section: Motivation



## Not ready to change?

- If they find themselves wanting to change in the future, this allows for a process to think through how that would happen and who they could count on for support.

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?*

---

---

---

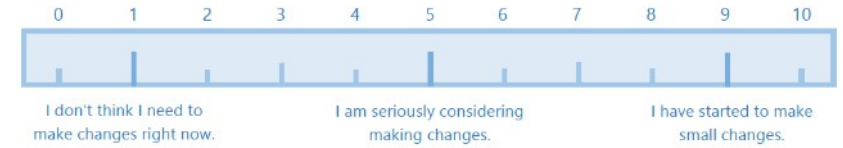
---

# Section: Next Steps

We are wrapping up the discussion with a:

- Readiness ruler
- Next steps

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



---

---

---

---

---

---

---

## Next Steps

What would you like to do with this new information?

---

---

---

---

---

---

---



---

---

---

---

---

---

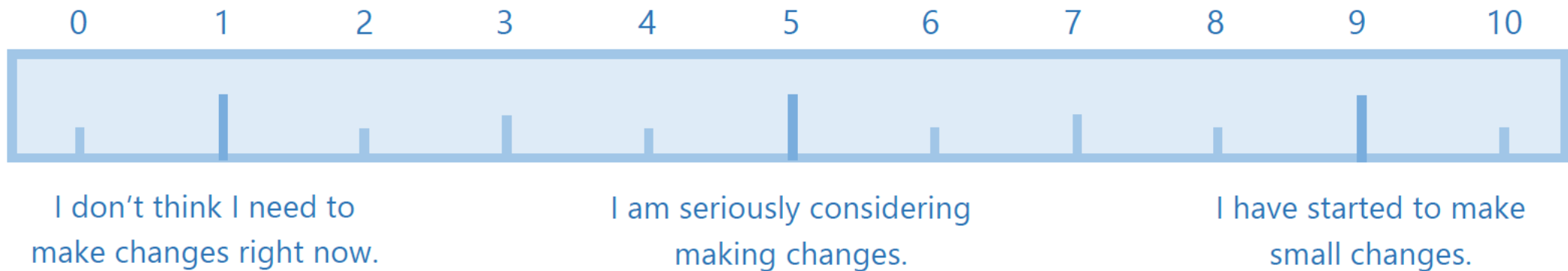
---

# Section: Next Steps



## Readiness ruler

- How ready is the client for change?
- Readiness ruler offers an opportunity to assess readiness and cultivate change talk

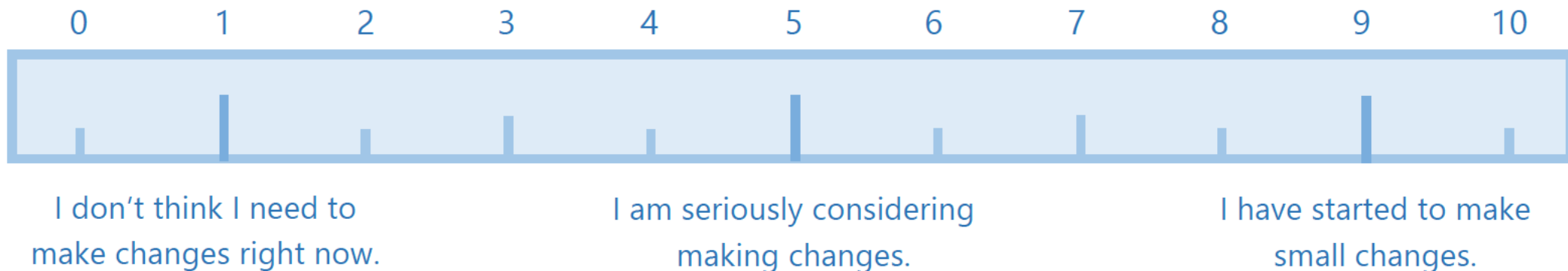


# Section: Next Steps

Can We  
Talk?

## Readiness ruler

- *"Tell me about why you selected that number"*
- *"What made you rate yourself there versus below it?" or "...a 5 instead of a 1?"*
- *"What might need to happen to get that number higher?"*





# Questions?

Can We  
Talk?



***Which section would  
you like to practice or  
watch?***

# 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.

Can We Talk?



# CANNABIS AND EARLY PSYCHOSIS



Do you want to learn strategies to motivate your loved one to change their use of cannabis?

Do you have a **family member** who has a recent history of **cannabis use** and participates in early psychosis services?

**6 weekly group sessions**

Complete our short screening to see if you are eligible.

A University of Washington study is seeking **family members of young people enrolled in early psychosis services who use cannabis**. Study consists of two surveys, an interview, and 6 weekly group sessions, 90 minutes each. **Earn up to \$75.**



Call or text:  
**(503) 451-3725**

Email:  
**projectstac@uw.edu**

Visit: (Or Scan)   
**Qualtrics Survey Link**

Can We  
Talk?



## Contact

[ddwalker@uw.edu](mailto:ddwalker@uw.edu)

## Materials

<https://adai.uw.edu/canntalk>

# Identifying Goals Exercise

Can We  
Talk?

**In pairs, practice the goal rating exercise.**

- Be inquisitive – “Why is this goal important to you?”
- Rate each goal
- Get details of why they chose the rating. Use open ended questions.

***Client goals are:***

1. Maintain my recovery
2. Go back to college to become a teacher
3. Move out of girlfriends parent’s house



# Rehospitalization Education Exercise

Can We  
Talk?

## In pairs, roleplay the rehospitalization psychoed section

1. Choose who will roleplay client and counselor (2.5 mins/role)
2. Follow the prompts on the Discussion Guide

### Remember to:

- Ask permission to share info first
- Use reflective listening and discussion prompts, *"What do you think about this?"*

Yes!

3. Create a summary of what you have heard

***We will alert you when to switch roles***

# Not Ready for Change Exercise



## Who will volunteer to be a client?

**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?*

---

---

---

---

# MI Spirit Exercise

Can We  
Talk?

***Think about the “spirit” of MI:  
Collaboration, Evocation,  
Compassion, and Acceptance***

- 1. Identify one or two things** you are already doing in your work.
- 2. How do you demonstrate** collaboration, evocation, compassion or acceptance to your clients?



# Converting Closed ?s Exercise

Can We  
Talk?

*"Have you been in treatment before?"*

*"Does your cannabis use make your psychosis worse?"*

*"Do you use edibles or vape products?"*

*"Do you drink or use drugs?"*

*"Do you know that cannabis is related to rehospitalization?"*

# Converting Closed ?s Exercise

Can We  
Talk?

*"Do you use edibles or vape products?"*



*"What types of cannabis products do you use?"*

*"Do you drink or use drugs?"*

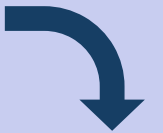


*"Tell me about your substance use."*

# Converting Closed ?s Exercise

Can We  
Talk?

*"Do you know that cannabis is related to rehospitalization?"*



*"What do you know about the risks of cannabis for psychosis?"*

# OARS: Reflection

Can We Talk?



You're tired?

You're tired.



You want to learn MI?

You want to learn MI.

# OARS: Reflection

Can We  
Talk?

## 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



# OARS: Reflection

Can We Talk?



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



**SIMPLE**

"Smoking helps your mood."



**AMPLIFIED**

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



**COMPLEX**

"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."



**DOUBLE-SIDED**

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

# Change Talk

Can We  
Talk?



- 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

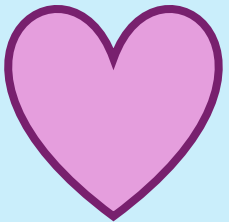
# Learning Tasks for Change Talk

Can We  
Talk?



## **Recognizing change talk.**

Learning to “hear” it, and our brains to identify it.



## **Responding to change talk.**

Prioritizing change talk in our responses.

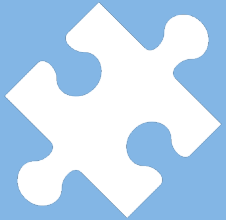


## **Proactively seeking change talk.**

Generating it, asking for it, strengthening the “could be change talk” into real change talk.

# Change Talk Scenario Exercise

Can We  
Talk?



**Create 1 reflection** and **1 question** that will evoke change talk for one of these scenarios:

1) *"I really don't want to stop smoking, but I know I should. I've tried before, and it's hard."*

2) *"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."*