



Mid-America (HHS Region 7)

**MHTTC**

Mental Health Technology Transfer Center Network  
Funded by Substance Abuse and Mental Health Services Administration

# Cannabis and Psychosis: What Providers Need to Know to Address Cannabis in Early Psychosis Care

Dr. Denise Walker, PhD

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INCLUSIVE AND  
ACCEPTING OF  
DIVERSE CULTURES,  
GENDERS,  
PERSPECTIVES,  
AND EXPERIENCES

HEALING-CENTERED/  
TRAUMA-RESPONSIVE

INVITING TO INDIVIDUALS  
PARTICIPATING IN THEIR  
OWN JOURNEYS

PERSON-FIRST AND  
FREE OF LABELS

NON-JUDGMENTAL AND  
AVOIDING ASSUMPTIONS

RESPECTFUL, CLEAR  
AND UNDERSTANDABLE

CONSISTENT WITH  
OUR ACTIONS,  
POLICIES, AND PRODUCTS

# **Cannabis and Psychosis: What Providers Need to Know to Address Cannabis in Early Psychosis Care**

**Denise Walker, Ph.D.**



# Acknowledgements

## Co-Investigators:

- Maria Monroe-DeVita
- Ryan Petros, Ph.D.

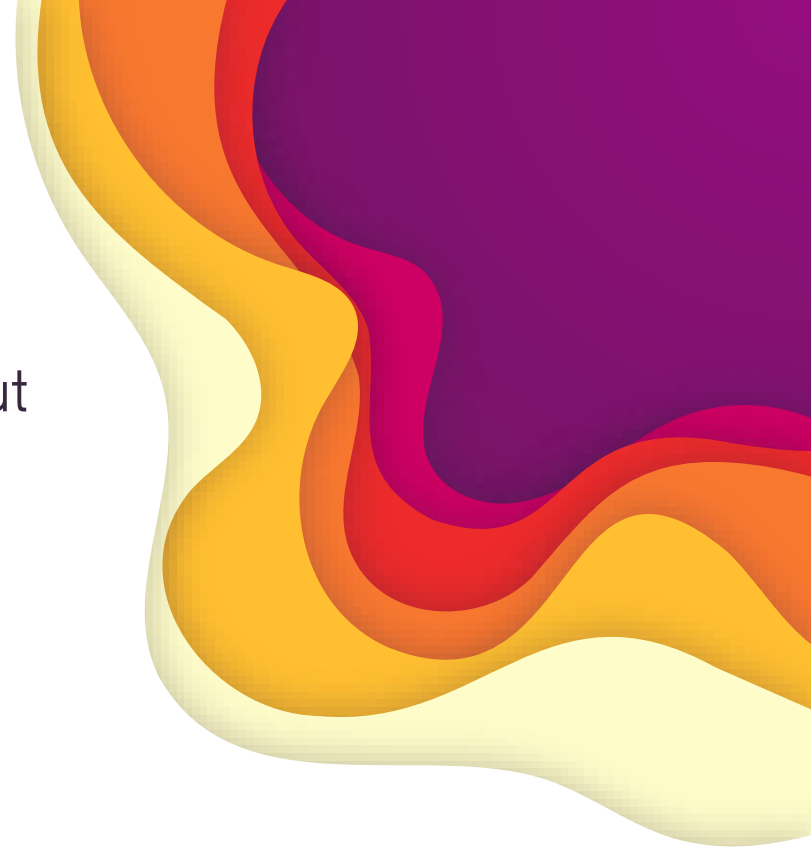


Funded by: UW's Royalty Research Fund

Garvey Institute for Brain Health Solutions

# Overview

- Cannabis 101 – What to know about cannabis and the retail market
- Cannabis and psychosis – Research findings on risk
- How to assess?
- How to intervene?

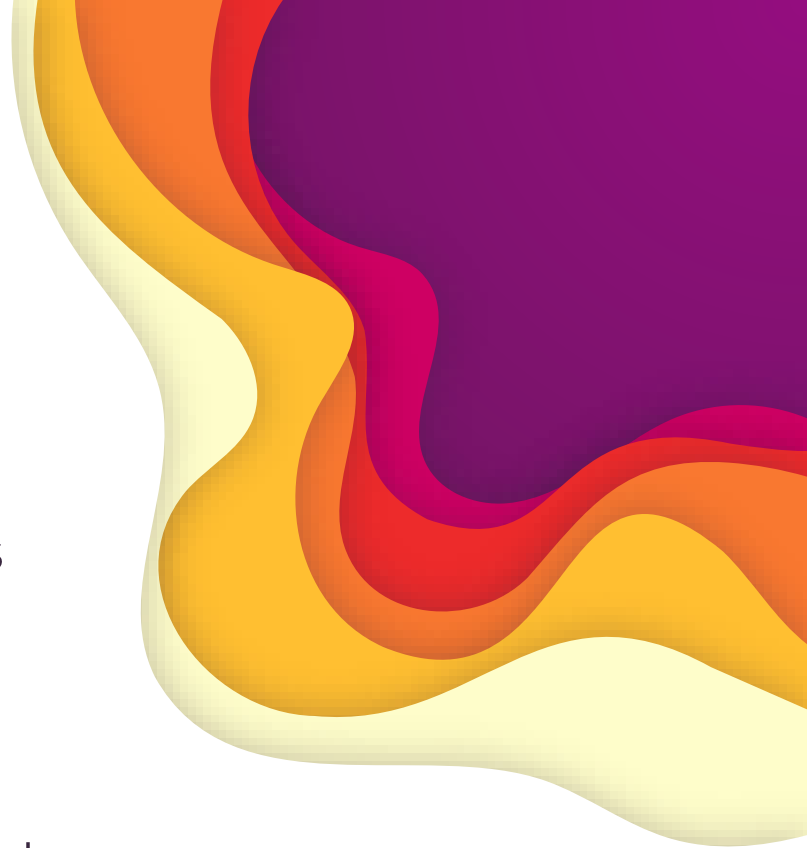


# Cannabis 101



# Cannabis – What are we talking about?

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





# Delta-9 Tetrahydrocannabinol (THC)



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# Cannabis Products: Smoking / Vaping



# Edibles





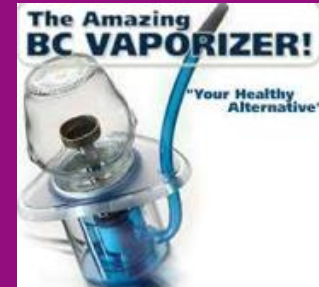
# Topicals – Balms, Lotions, Transdermals, Bath Products, Suppositories



CANNABIS DISPENSARY						
<b>INDICA</b>	1 GR	0.5 GR	0.25 GR	1/8	1/4	1/2
Green Cubes	\$18.00	6%	\$50.00	\$180.00	\$360.00	\$450.00
Mango OG	\$16.00	0.1%	\$50.00	\$160.00	\$320.00	\$480.00
Melons Pines Pluff	\$18.00	0.3%	\$50.00	\$180.00	\$360.00	\$450.00
Budai OG	\$18.00	0.5%	\$50.00	\$180.00	\$360.00	\$450.00
Wreck's Pines (Max Head)	\$18.00	0.5%	\$50.00	\$180.00	\$360.00	\$450.00
OG (Classic Scent)	\$18.00	0.1%	\$50.00	\$180.00	\$360.00	\$450.00
Peppercorn Pine OG	\$18.00	0.1%	\$50.00	\$180.00	\$360.00	\$450.00
Renegade Family Pines Double	\$18.00	0.7%	\$50.00	\$180.00	\$360.00	\$450.00
<b>SATIVA</b>	1 GR	0.5 GR	0.25 GR	1/8	1/4	1/2
Emerald Family Pines	\$18.00	0.1%	\$50.00	\$180.00	\$360.00	\$450.00
Messy Sage	\$18.00	0.0%	\$50.00	\$180.00	\$360.00	\$450.00
Empire Family	\$18.00	0.0%	\$50.00	\$180.00	\$360.00	\$450.00
Jack Herer	\$18.00	0.0%	\$50.00	\$180.00	\$360.00	\$450.00
<b>HYBRID</b>	1 GR	0.5 GR	0.25 GR	1/8	1/4	1/2
Cookie Glue	\$18.00	0.2%	\$50.00	\$180.00	\$360.00	\$450.00
Platy Puddin'	\$18.00	0.1%	\$50.00	\$180.00	\$360.00	\$450.00
Peppercorn Pine + Banana	\$18.00	0.2%	\$50.00	\$180.00	\$360.00	\$450.00
Candy Kush	\$18.00	0.0%	\$50.00	\$180.00	\$360.00	\$450.00
Spice Cookies	\$18.00	0.0%	\$50.00	\$180.00	\$360.00	\$450.00
<b>EXTRACT</b>	1 GR	0.5 GR	0.25 GR			
Live Resin	\$20.00	\$40.00	.....			
Starburst	\$20.00	\$40.00	.....			
Fatso Food	\$20.00	\$40.00	.....			
C. Banana Cake Badder	\$45.00	.....	.....			
Mix	\$55.00	.....	.....			
C. Banana Cake Badder	\$45.00	.....	.....			
Death Star Live Resin	\$55.00	.....	.....			
<b>Edible</b>						
Dark Chocolate Bar	\$25.00					
Hazelnut Chocolate Bar	\$25.00					
Mint Chocolate Bar	\$25.00					
Milk Chocolate Bar	\$25.00					
Mint Chocolate Bar	\$25.00					
Vanilla Chocolate Bar	\$25.00					
Habit Purified CBD Water, 1oz	\$15.00					
<b>Topicals</b>						
Normal Analgesic Spray 9oz	\$100.00					
RELAX Mineral - The Micro Dose	\$30.00					
Normal Topical Soap	\$25.00					
Normal Topical Soap	\$25.00					
Normal Topical Salts	\$25.00					
Normal THCA Mud	\$25.00					
Normal Face and Body Cream THCA	\$25.00					
Normal Body Bath Book	\$25.00					

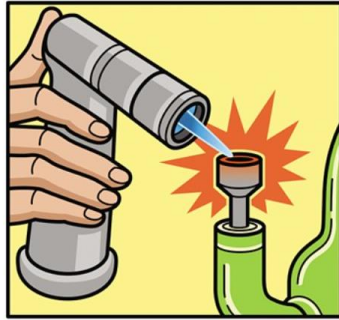


# Devices



# What Is Dabbing? And Should You Do It?

The First Time I Tried It, I Couldn't Believe How High I Got  
by [Lester Black](#)



**STEP 1:** USE A BLOWTORCH TO HEAT UP THE NAIL



**STEP 2:** USE A DABBER (OR SCALPEL) TO PICK UP A CHUNK OF CONCENTRATE



**STEP 3:** DROP THE CONCENTRATE ONTO THE HOT NAIL AND INHALE



**STEP 4:** FIND YOURSELF THE NEAREST COUCH AND STAY THERE

- In 2018, of 10<sup>th</sup> graders who used cannabis:
- Over half usually smoked cannabis
- 1 in 8 usually dabbled
- 1 in 9 usually consumed an edible
- 1 in 15 usually vaped
- 1 in 30 usually consumed a beverage

# CBD Products- No psychoactive effect





# Martha Stewart CBD Products



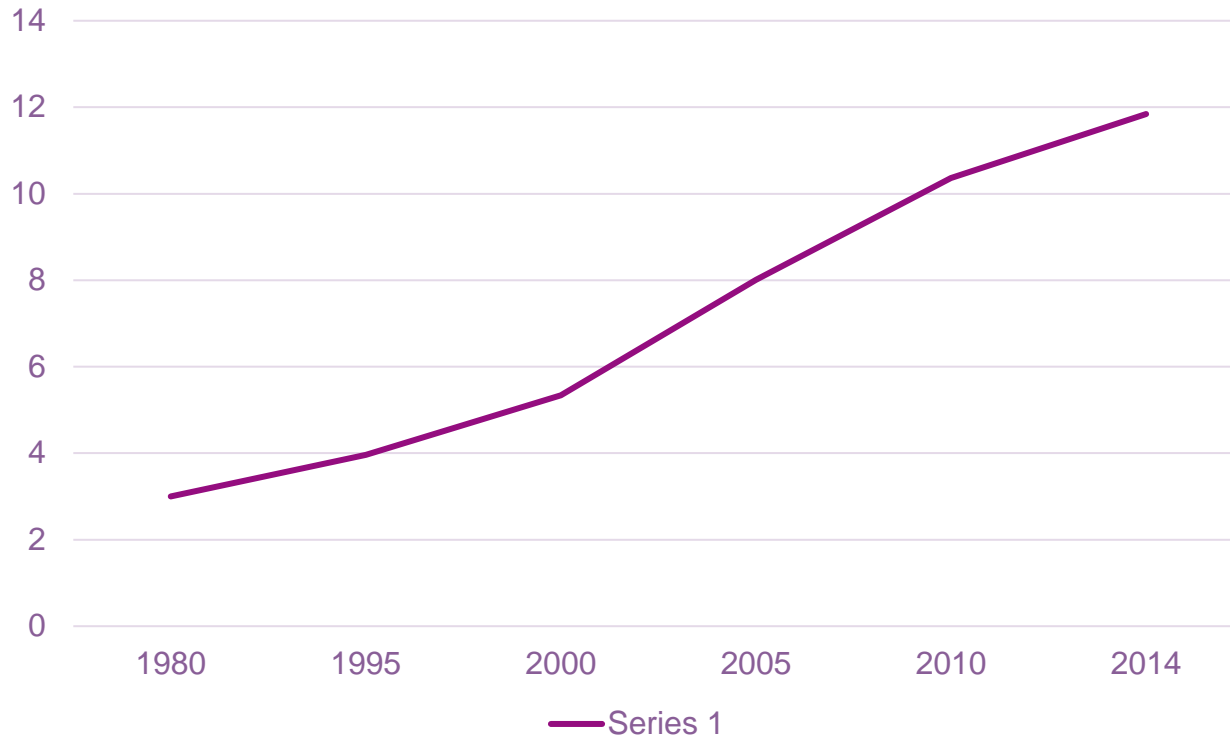


# Delta-8 Products

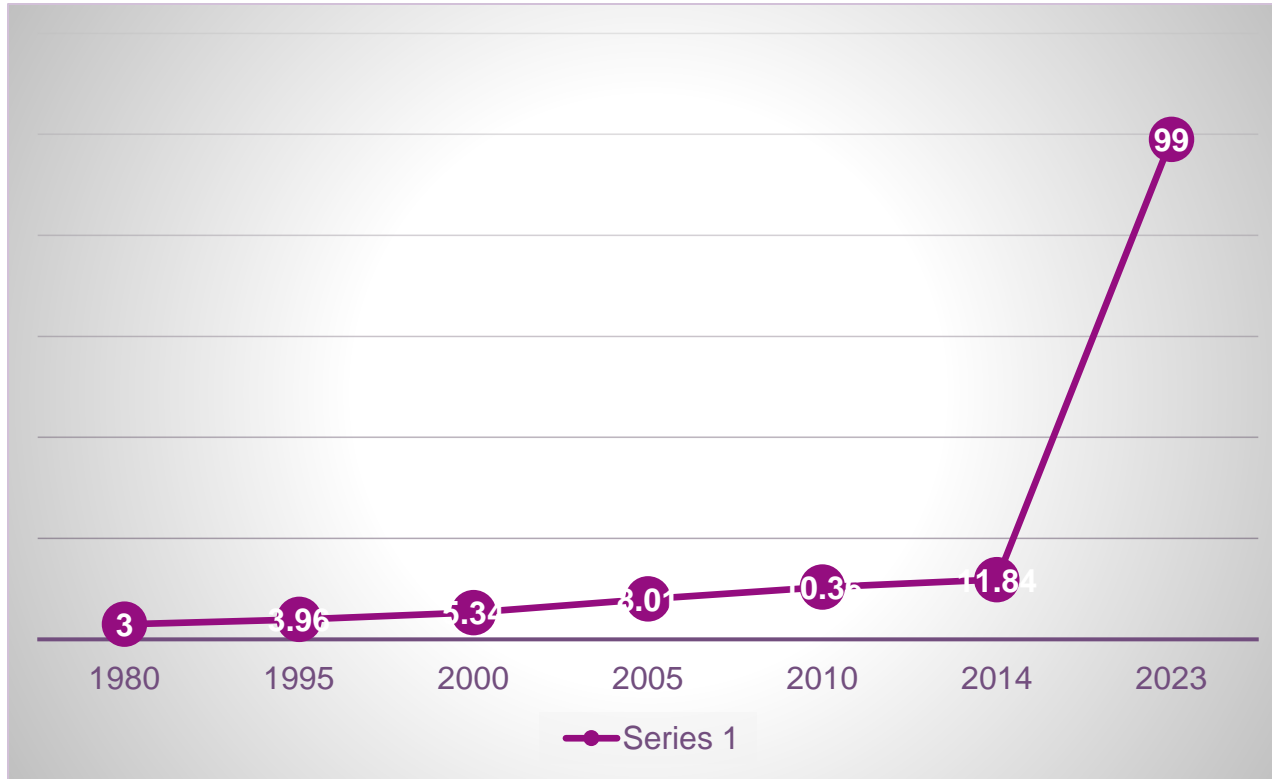
Highly concentrated  
Similar psychoactive effect as Delta-9

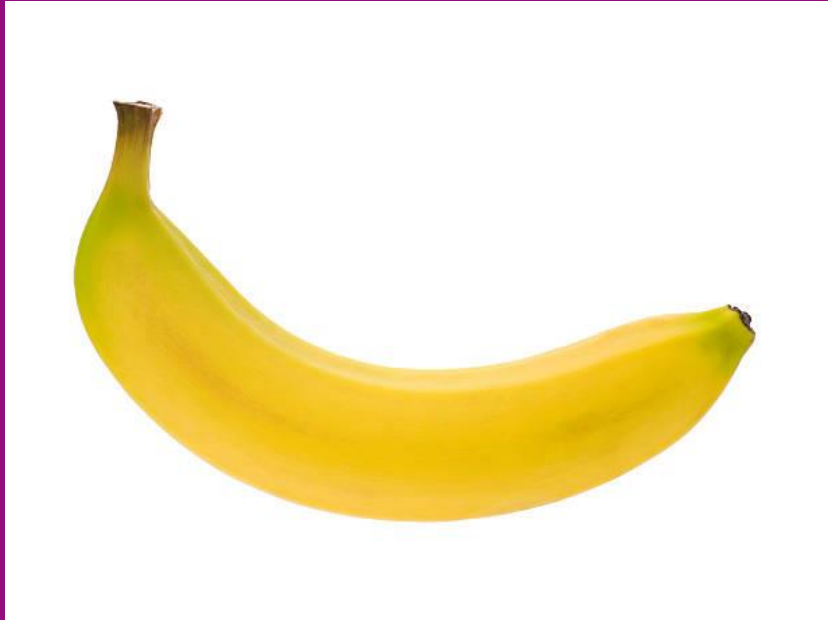


# Changes in Cannabis Potency



# Recreational Market Changed Cannabis Potency





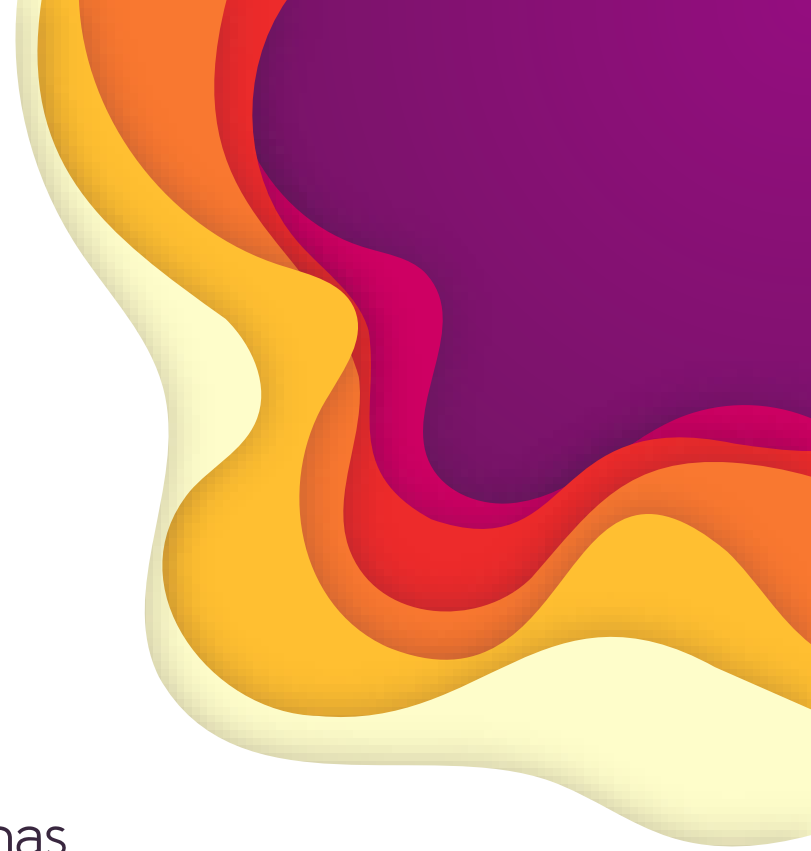
# Recreational Market

- Explosion of products
- Drastic increase in the THC potency of products
- Average flower potency is around 20%, maxes out at ~ 30%
- Concentrates are up to 99% THC
- WA State – 35% of sales are high potency products, up from 9% in 2014



# Cannabis has Changed

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



# What about High Potency THC?

1

High potency THC is related to increased risk for addiction

2

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

3

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

# What about Medical Marijuana?

- There are actual cannabis medications with FDA approval:
  - Epidiolex (cannabidiol), CBD-based, approved for pediatric seizure disorders
  - 3 synthetic cannabis-related drug products, synthetic THC: Marinol (dronabinol), anorexia/wasting HIV, nausea/vomiting in cancer, Syndros (dronabinol), liquid form, nausea/vomiting in cancer, and Cesamet (nabilone), THC+CBD, nausea/vomiting in cancer patients



# Epidiolex



CBD-based

FDA Approved to  
treat pediatric  
seizures

# Synthetic THC Products



FDA Approved to treat nausea/vomiting in cancer, anorexia/wasting in HIV

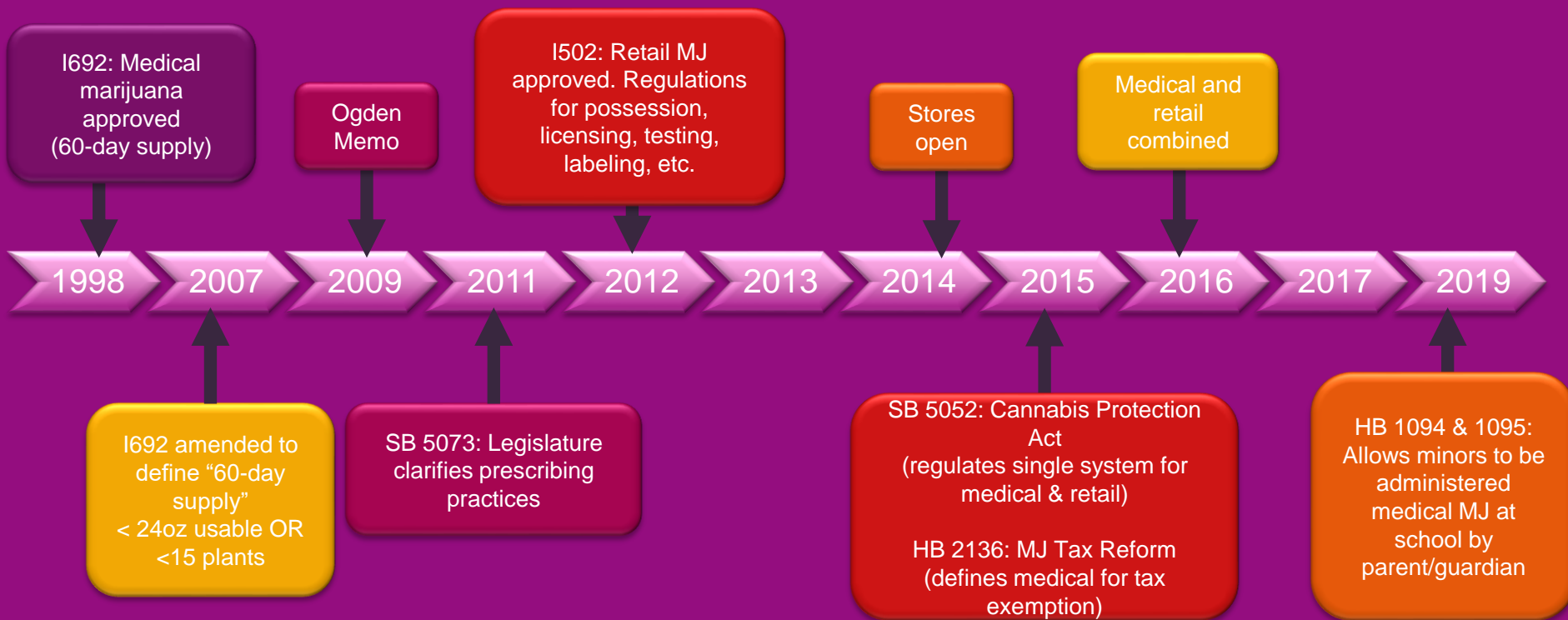


THC/CBD  
Nausea/vomiting in cancer

# Approved Medical Conditions across States

- Cachexia, cancer, chronic pain, epilepsy and other disorders characterized by seizures, glaucoma, HIV or AIDS, multiple sclerosis and other disorders characterized by muscle spasticity, and nausea, **Hepatitis C**, ALS, Crohn's disease, **Alzheimer's disease**, anorexia, **arthritis**, **migraine**, Parkinson's disease, **posttraumatic stress disorder**, **decompensated cirrhosis**, muscular dystrophy, severe fibromyalgia, spinal cord disease (including but not limited to arachnoiditis), Tarlov cysts, hydromyelia syringomyelia, Rheumatoid arthritis, fibrous dysplasia, spinal cord injury, **traumatic brain injury and post concussion syndrome**, Arnold-Chiari malformation and Syringomyelia, Spinocerebellar Ataxia (SCA), Parkinson's Disease, Tourette Syndrome, Myoclonus, Dystonia, Reflex Sympathetic Dystrophy, RSD (Complex Regional Pain Syndromes Type I), Causalgia, CRPS (Complex Regional Pain Syndrome Type II), Neurofibromatosis, Chronic inflammatory Demyelinating Polyneuropathy, Sjogren's Syndrome, Lupus, Interstitial Cystitis, Myasthenia Gravis, Hydrocephalus, nail-patella syndrome or residual limb pain; terminal illness with a life expectancy of under one year, **one or more injuries that significantly interferes with daily activities as documented by the patient's provider**, Huntington's disease

# Washington Marijuana legalization timeline



# Washington State and Cannabis: Fun Facts

- Cannabis Sales in 2022: \$1.4 billion
- Cannabis Tax in 2022: \$511.1 million
- Alcohol Tax in 2022: \$263.7 million
- Calls to poison control increased
- Increase in THC and driving fatalities
- Cannabis use among teens stable, while all other substances decreased

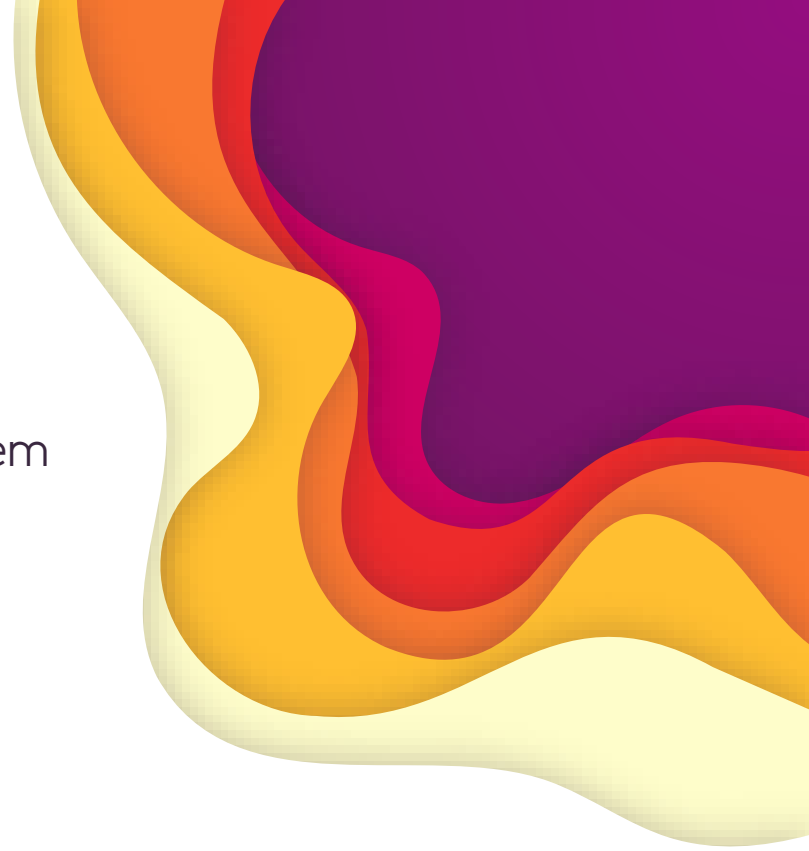
# Colorado: Cannabis Hyperemesis Syndrome

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



# Is Cannabis Addictive?

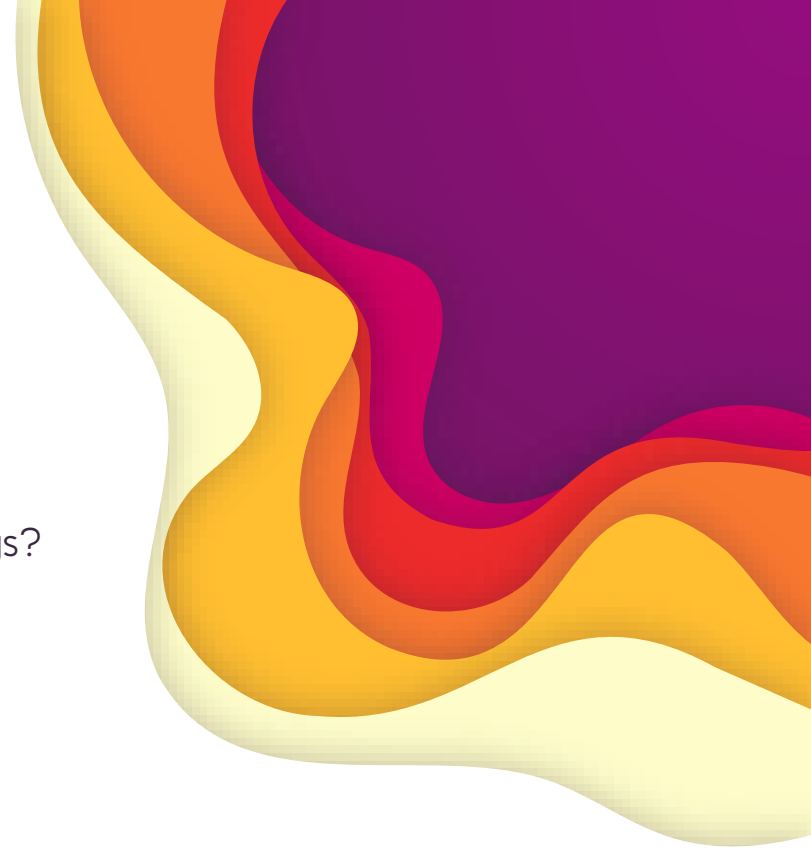
- Scientific community
  - Cannabis addiction as secondary problem
  - Would people seek treatment for cannabis?
- Societal perceptions
  - Cannabis is not addictive
  - Does not cause problems



# Needs Assessment Study

## Roffman & Barnhart, 1987

- Anonymous telephone survey
- Purpose of the study was to determine:
  - Did a cannabis dependent population exist?
  - Not concurrently abusing alcohol or other drugs?
  - Would they be interested in treatment for cannabis?
- 225 participants interviewed
- 74% had problems only with cannabis
- 92% were interested in treatment





# Cannabis Withdrawal

- Cannabis (cannabinoid) withdrawal has been demonstrated in:
  - Non-human studies (primate, rodent, dog)
  - Clinical survey studies
  - Human inpatient/outpatient laboratory studies
  - Reliable and valid time course and syndrome

# Cannabis Withdrawal Symptoms

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





Questions?

# Cannabis and Psychosis



# Delta-9 THC



# Prevalence

- Nearly 10 million Americans have a psychotic disorder
- 70% experience first episode of psychosis before age 25
- 35-45% of young adults experiencing psychosis (YA-P) use cannabis



# Prevalence

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

# Development of Psychosis

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





# Development of Psychosis

- Cannabis use lowers the age of onset of psychosis

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

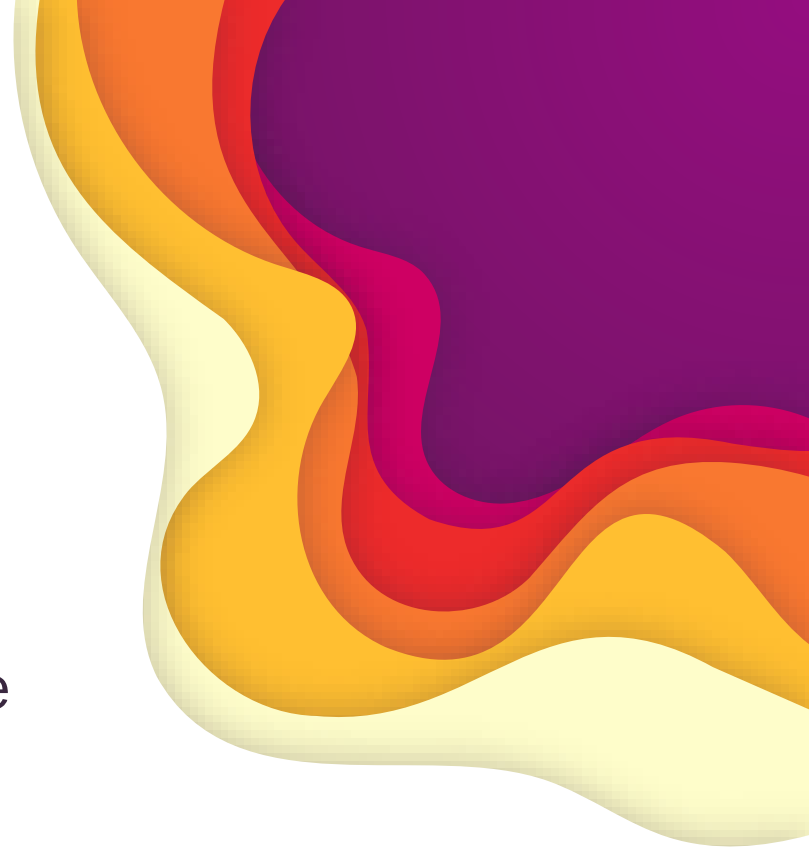
# Development of Psychosis

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

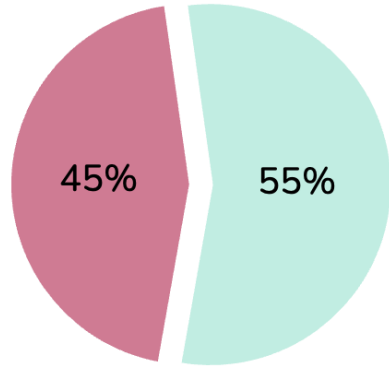


# Cannabis & Psychosis Treatment

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

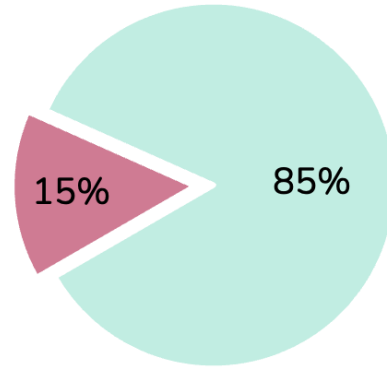


## Cannabis Users





45 people out of 100 will have another hospital stay

## Cannabis Non-Users



15 people out of 100 will have another hospital stay

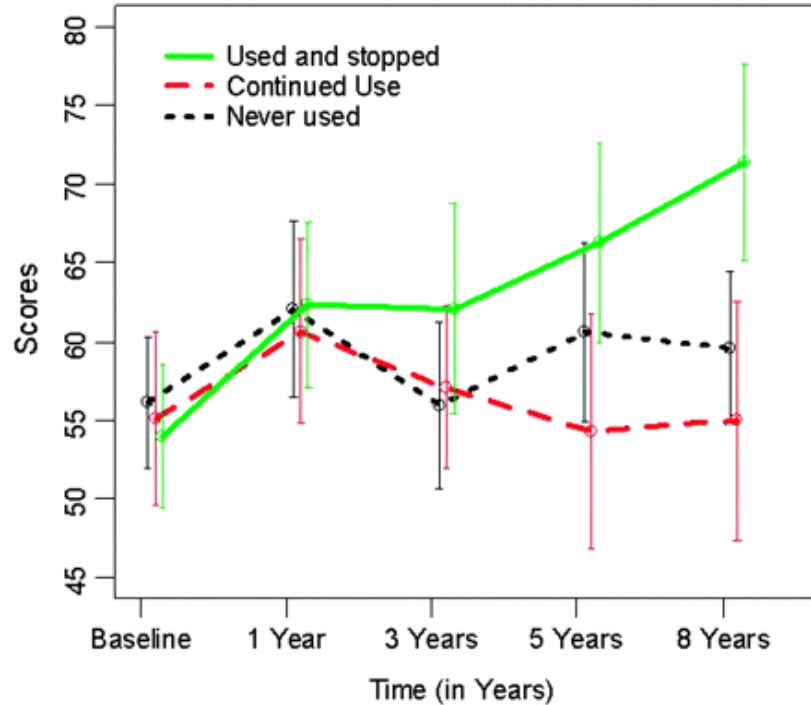
-  **Won't** have another hospital stay
-  **Will** have another hospital stay

# Cannabis & Psychosis Treatment

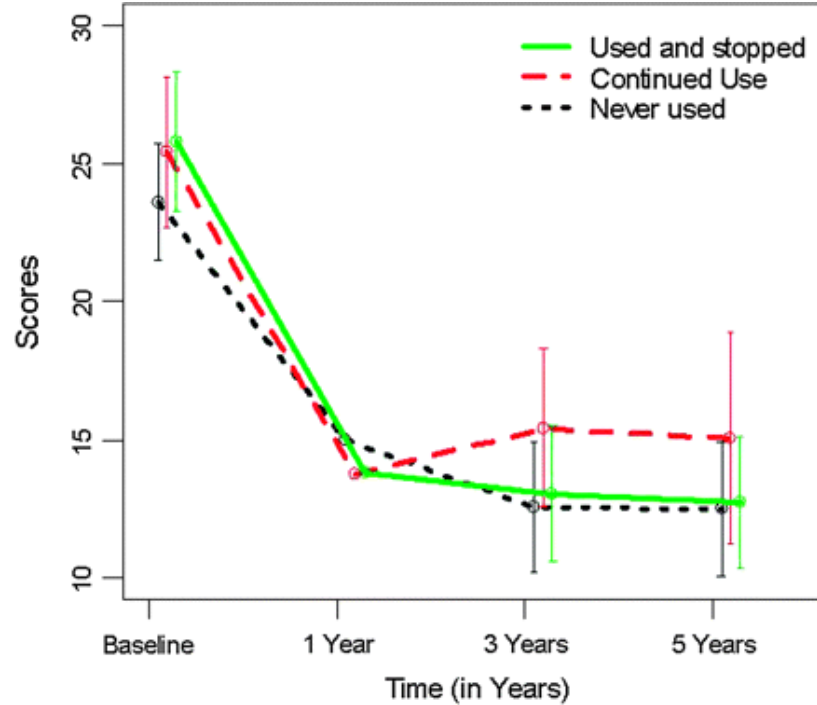
- Persistent cannabis use is associated with:
  - Poorer psychosocial functioning and recovery
  - Poorer adherence to antipsychotic medications
  - Increased mental health treatment drop out



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



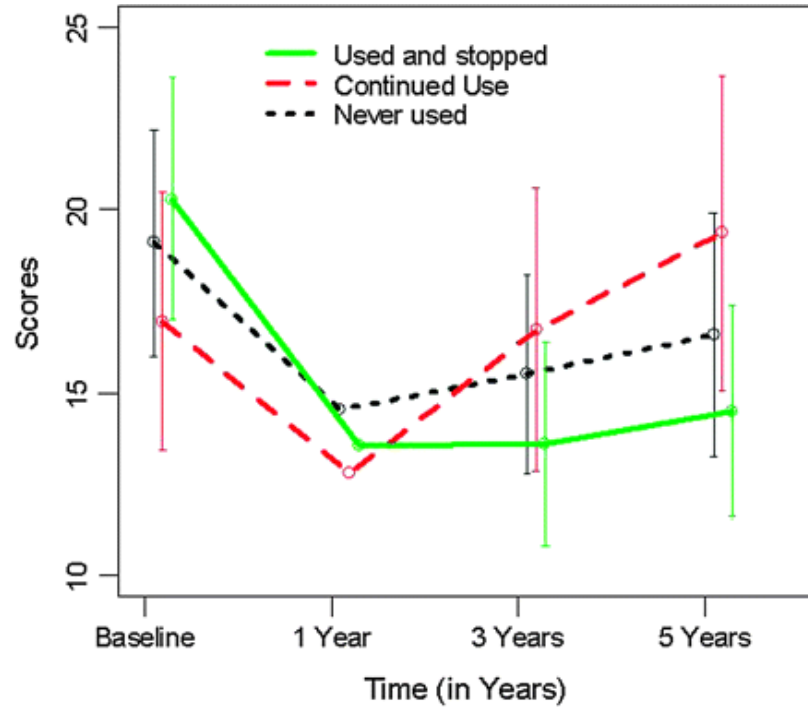
**Fig. 2.** Positive and Negative Symptoms Scale (PANSS) Positive Symptoms Outcome by Cannabis Use Group.



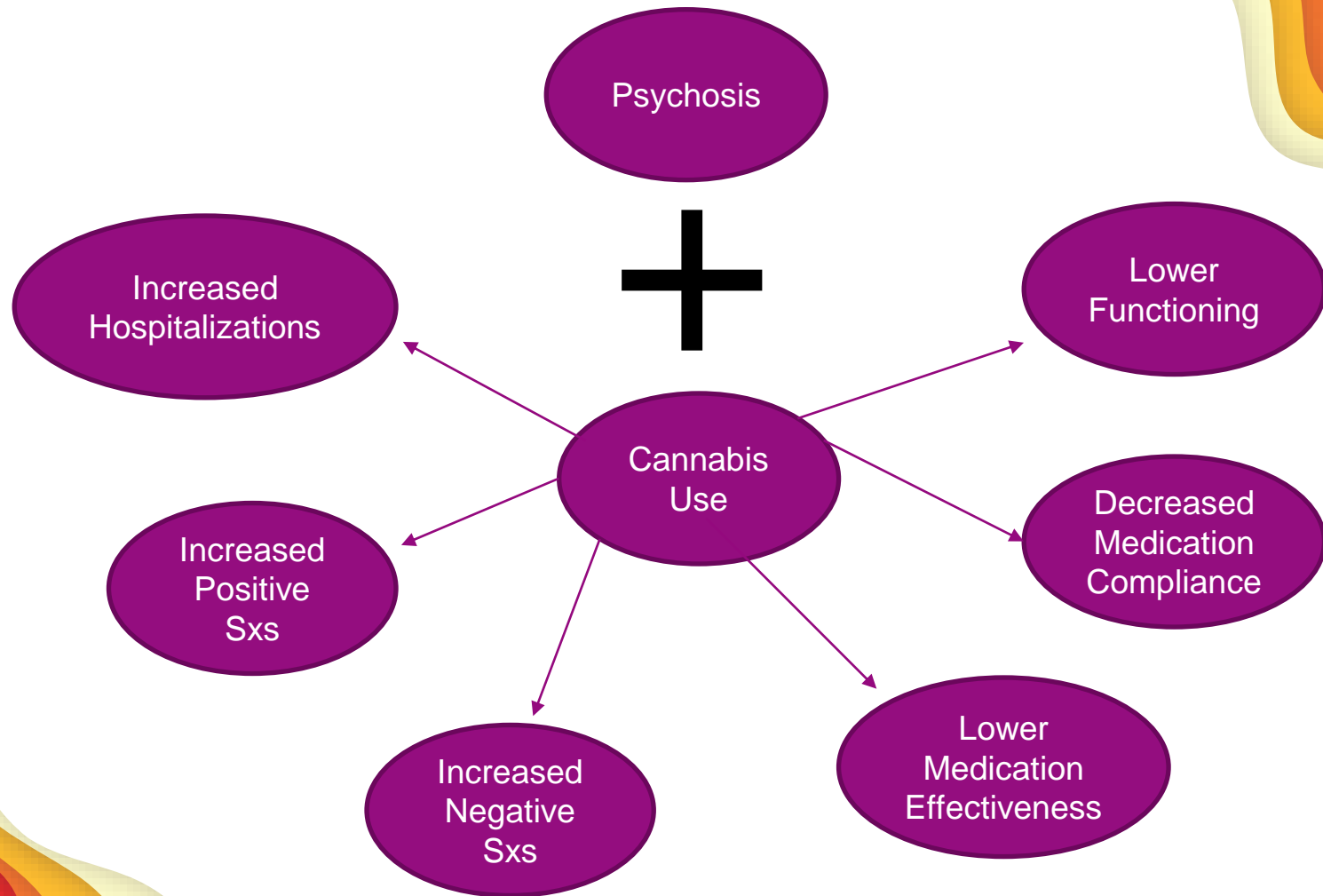
Pinto, Alberich, et al., *Schizophr Bull*, Volume 37, Issue 3, May 2011, Pages 631–639, <https://doi.org/10.1093/schbul/sbp126>

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

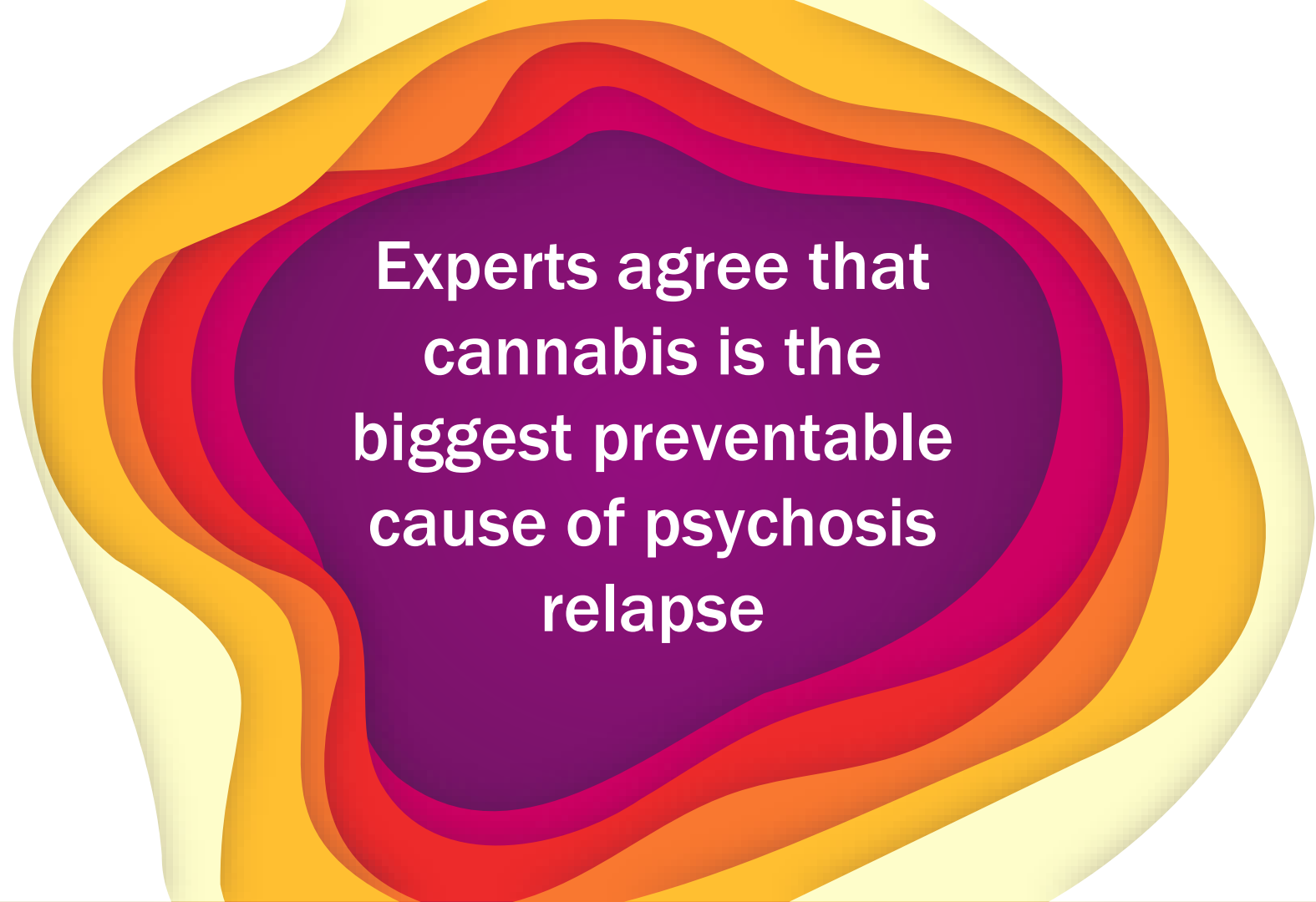






# *Schizophrenia has no cure*

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



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

# Need for Cannabis Intervention

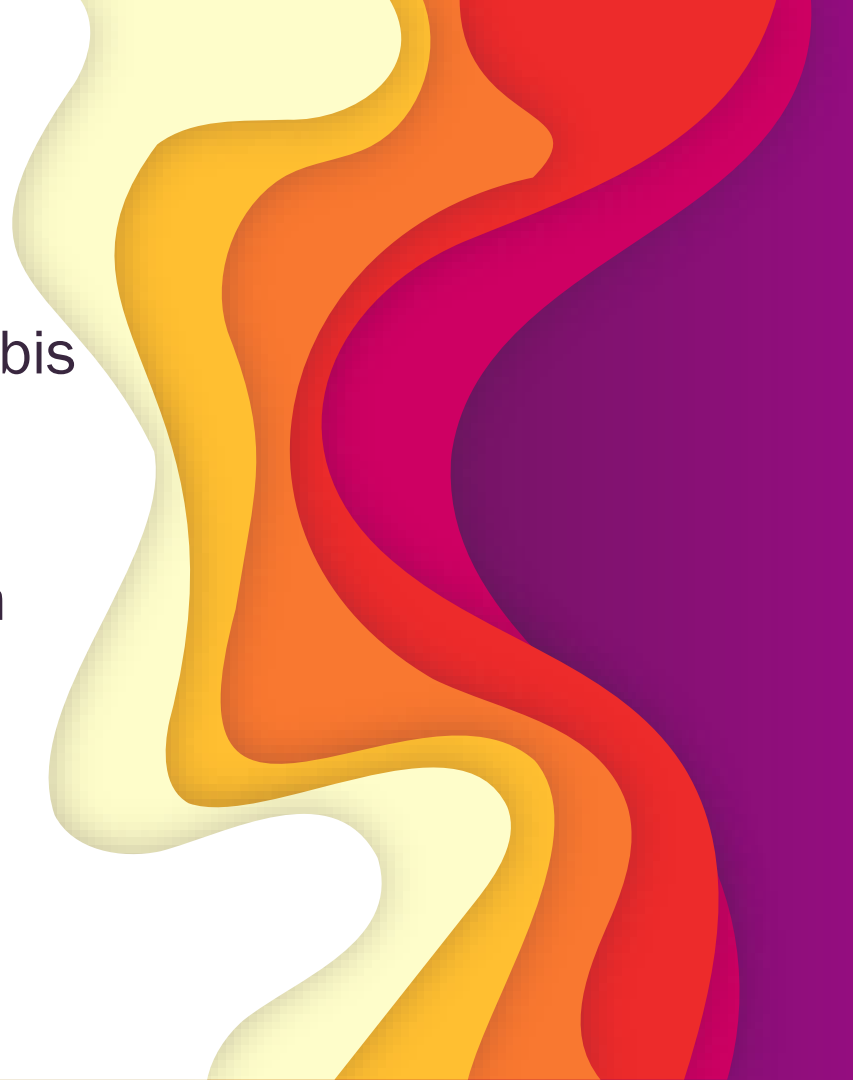
- Urgent need for services to focus on cannabis reduction in this population
- To date, no evidence-based cannabis intervention identified for YA-P
- Providers who treat individuals with serious mental illness feel ill-equipped to address cannabis
  - More confident to address alcohol
  - More evidence-based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

# Need for Cannabis Intervention

- WA State providers serving YA-P reported cannabis interventions are
  - Extremely needed (68%)
  - Extremely important (70%)
  - Providers only feel a little (29%) or somewhat prepared (35%) to address cannabis

# Need for Cannabis Intervention

- To date, no evidence-based cannabis intervention identified for YA-P
- Several efficacious cannabis treatments have been identified in the general population



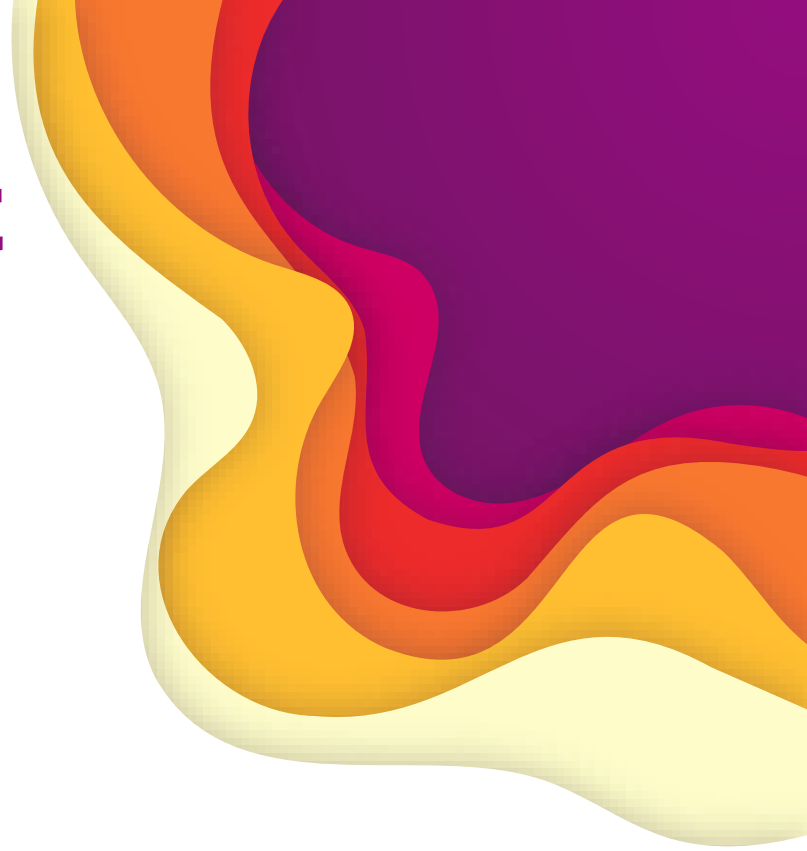


# Cannabis Treatment

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

# Cannabis Treatment

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

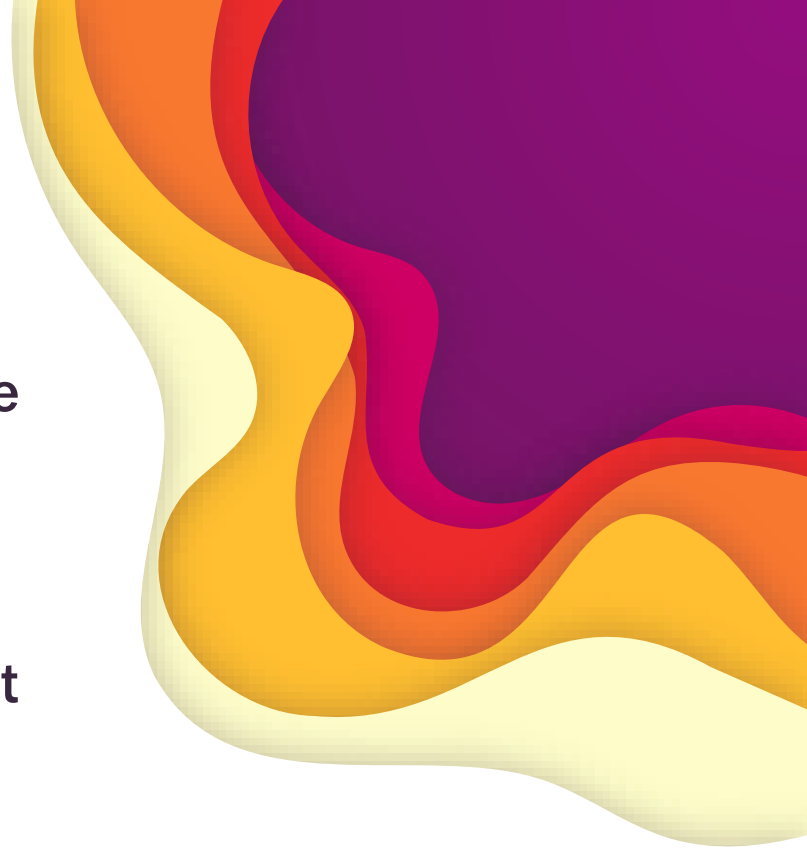


# Motivational Enhancement Therapy (MET)

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

# Motivational Interviewing

- Intended to help resolve ambivalence
- Person-centered, Evocative
- Non-judgmental
- Directive – looking & asking for client statements favoring change
- Core skills: open questions, reflections, summaries, affirmations



# Motivational Enhancement Therapy

**Pre-Tx**

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

**TX**

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

**Post-tx**

Maintenance or aftercare following treatment or brief intervention

# Need for Cannabis Intervention- MET

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



# Why the disconnect?

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



# Qualitative Study

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

# Qualitative Study

We conducted 8 focus groups

n=16

YA-P

n=14

Providers  
of YA-P

n=8

Family  
members  
of YA-P



# Focus Group Findings

## Young Adults

- YA-P use cannabis for similar reasons (social, coping, high)
- See the benefits of reduction or quitting on life goals
- Want more science-based information on cannabis and psychosis
- Individualized intervention, tailored to the needs of the YA-P, respectful, non-judgmental



# Focus Group Findings

## Family/Providers

- Contentious topic between families and patients
- Mixed messages around cannabis make intervention challenging
- Want more science-based information on cannabis and psychosis – to increase motivation
- Parents & providers often want abstinence, patients want use

# Intervention Implications

1

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

2

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

3

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

# Cannabis Assessment



# Challenges

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

## US Standard Drink Sizes



**12 ounces**  
5% ABV beer



**8 ounces**  
7% ABV malt liquor



**5 ounces**  
12% ABV wine

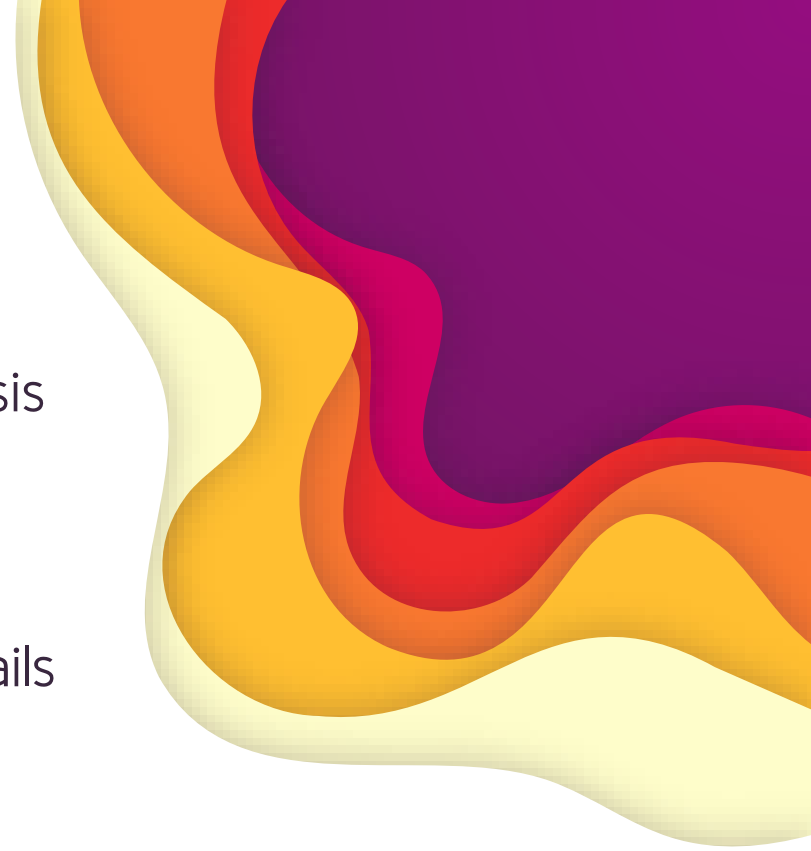


**1.5 ounces**  
40% (80 proof)  
ABV distilled spirits  
(gin, rum, vodka,  
whiskey, etc.)

**ABV = Alcohol by Volume**

# Cannabis Assessment

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





# Cannabis Intervention

Motivational Enhancement Therapy



# Motivational Enhancement Therapy (MET)

**Length**

1 to 4 Sessions

**Delivery**

In-Person, Phone, or Computer

**Style**

Motivational Interviewing

# Motivational Enhancement Therapy (MET)

## Content

Review of Personal Feedback Report, including,

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

# Motivational Enhancement Therapy (MET)

## Principles

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

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

# Teen Marijuana Check-Up



# Erase Barriers

In-School MET  
Intervention

No Pressure,  
No Judgment

Individual  
Sessions

Not Treatment

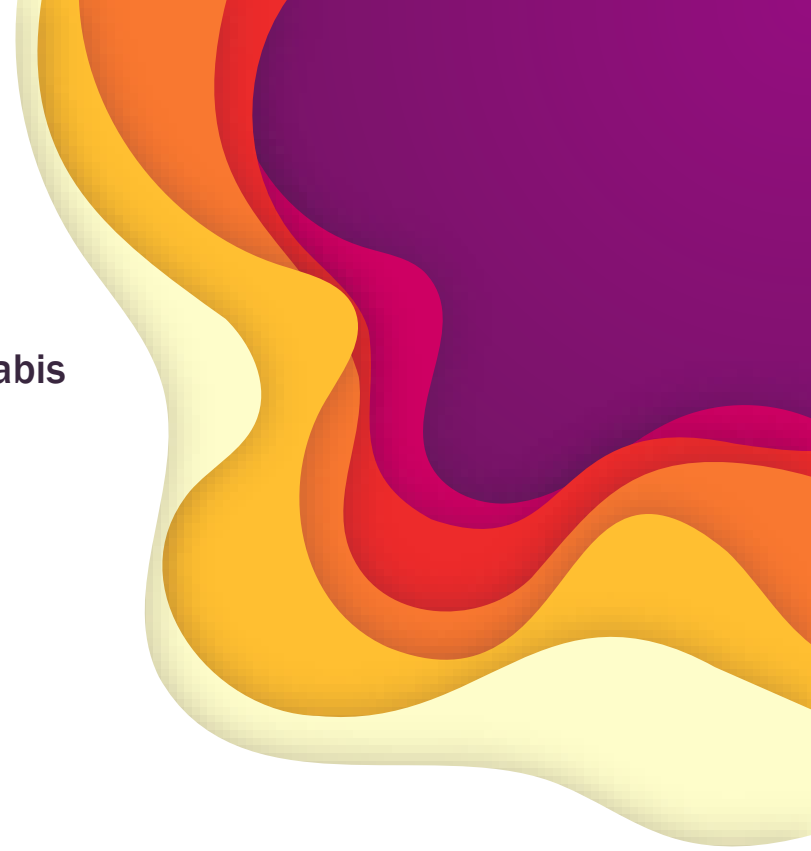
Computerized  
Assessment

Brief

No Parental  
Consent  
Required

# Does it Work?

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



# What does it look like?

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



# Met Session 1

## Engaging



### Rapport Building, Understanding Use

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

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

# MET Session 1

## Engaging

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

# What are you listening for?

## Change Talk!

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



# MET Session 1

## Digging for Change Talk

### Directive probing for motivation/change talk

- Develop Discrepancies – *“You’ve mentioned that school is really important to you and you’re a good student and that you were really disappointed with your grades last semester. I’m curious what you think about that”*
- Reflect Ambivalence – *“You enjoy the effect weed has on you of making you feel more comfortable, not as anxious in social settings. And at the same time, you’ve noticed feeling more like you “need” weed these days and that doesn’t feel great to you. Tell me more about that.”*

# MET Session 1

## Exploring Values

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

*I feel so guilty when I lie to my parents*

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

*I want to set a good example for my little brother*

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



# MET Session 1

## Looking Back

What has changed since you started using regularly?



# MET Session 1

## Envisioning the Future

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



# MET Session 1

## Enhance Self-Efficacy

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



## **MET Session 2**

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

# Your Feedback Report

All answers are personalized  
based on the participant's  
responses



## Teen Check-Up

10/28/11

University of Washington  
School of Social Work  
Innovative Programs Research Group

ID: 1002

Only identified with  
a random number

## Here's what we learned about your marijuana use...

- You first tried marijuana when you were **12 years old**.
- **1.4%** of 12 year olds have smoked marijuana.



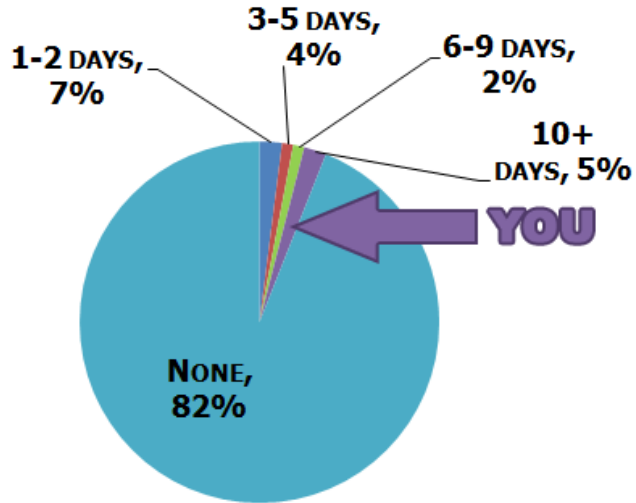
12 year olds



- You started smoking regularly (3 or more days per week) when you were **14 years old**.

## During the past 60 days...

- On average, **you used marijuana on 15 days per month.**
- Here's how often other King County students your age used marijuana in the last 30 days:



## During the past 60 days...



On average, you used marijuana:

- **5 or more days** a week before school.
- **5 or more days** a week while at school.

## Money spent \$\$\$...

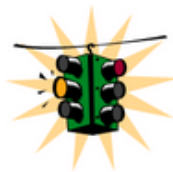
- In a typical month, you spend about **\$40.00** on marijuana.
- That's about **\$480.00 a year**. With that money, you could buy...

**372** iTunes Songs   or   **119** Frappucinos   or   **109** Lunches   or   **44** Movie Tickets   or   **7** Pairs of Shoes



Marijuana use can lead to consequences.

These are the consequences that you experienced recently.













	<p><b>1.</b> You kept using marijuana even though it kept you from meeting your responsibilities at:</p> <ul style="list-style-type: none"><li>• Home (like doing chores or coming home on time) ▲</li><li>• School (like going to classes, doing homework or studying for tests) ▲</li><li>• Work (like doing a good job or arriving on time) ▲</li></ul>
	<p><b>2.</b> You used marijuana where it made the situation unsafe or dangerous for you, like when:</p> <ul style="list-style-type: none"><li>• You were driving a car or using a machine ▲</li><li>• You were in a situation here you might have been forced into sex or hurt ▲</li></ul>
	<p><b>3.</b> You had problems with the law because of your marijuana use.</p>
	<p><b>4.</b> You kept using even after you knew it was causing problems between you and the people around you.</p>
<p><b>You reported 4 of 4 types of consequences.</b></p>	

Regular marijuana use can lead to a more serious pattern of use.



The consequences below are red flags that marijuana use may become a habit.



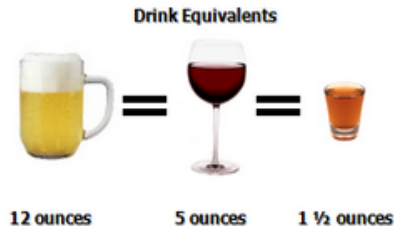
	1. You used marijuana in larger amounts, more often, or for a longer time than you meant to.
	2. You were unable to cut down or stop using marijuana.
	3. You spent a lot of time either getting marijuana, using marijuana, feeling the effects of marijuana, or waiting for the effects to wear off.
	4. Your use of marijuana caused you to give up, reduce, or have problems at important activities at work, school, home or social events.
	5. You kept using marijuana even after you knew it was causing you problems with: <ul style="list-style-type: none"><li>• your health (breathing, coughing) </li><li>• your emotions (feeling less motivated, depressed, or anxious) </li><li>• your memory or concentration </li></ul>
	6. You needed more marijuana to get the same high or found that the same amount did not get you as high as it used to.
	7. <ul style="list-style-type: none"><li>• You had withdrawal problems from marijuana (like being irritable, anxious, having trouble sitting still or sleeping). </li><li>• You continued to use to avoid or stop withdrawal problems. </li></ul>

You reported **5** of 7 red flags.

Your risk of a serious pattern of use is:



## Here's what we learned about your alcohol use...



During the past 60 days...

- On average, you drank alcohol on 8 days per month.
- The most alcohol you used in 1 day was 8 drinks.
- You have gotten drunk or had 5 or more drinks on 10 days.



We asked if you were using any other drugs.

## Here's what you told us:

During the past 60 days...

- You used cocaine on 1 day.
- You used opioids on 5 days.
- You used inhalants on 3 days.
- You used sedatives on 25 days.





Next, let's explore who's important to you and who you can count on for help or support...



Person's Name or Initials	Does this person know you smoke marijuana?	How does (or would) this person feel about your marijuana use?



## Here are your 5 most important goals...

Use this scale to rate how marijuana affects your goals:

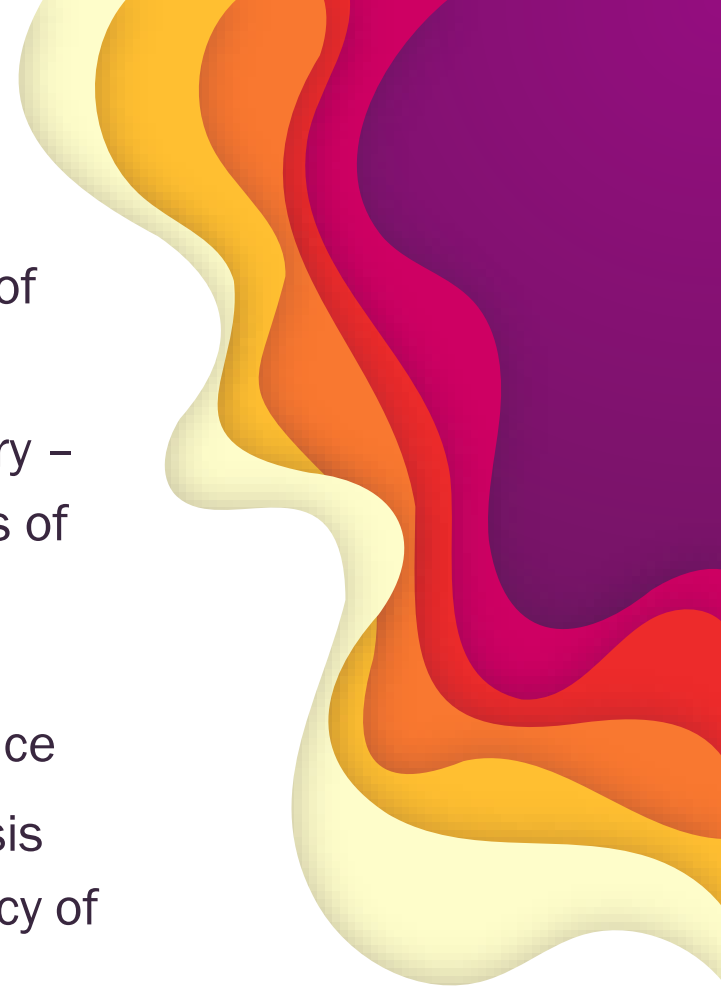
<b>Very Negatively 1</b>	<b>Negatively 2</b>	<b>Not Positively or Negatively 3</b>	<b>Positively 4</b>	<b>Very Positively 5</b>
----------------------------------	-------------------------	---	-------------------------	----------------------------------

<b>My Goals</b>	<b>My marijuana use affects this goal:</b>	<b><u>Reducing</u> my marijuana use would affect this goal:</b>
1) trying to improve my grades		
2) trying to avoid conflict with my grades		
3) trying to improve my athletic skills		
4) trying to develop and maintain close relationships		
5) trying to get into college		



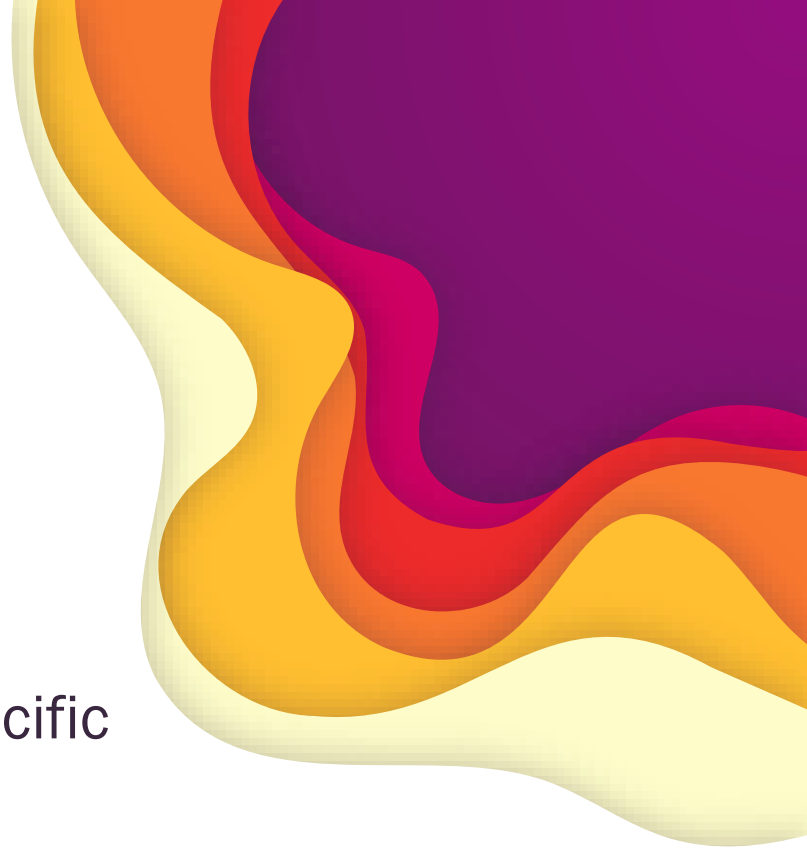
# Ideas for Tailoring

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



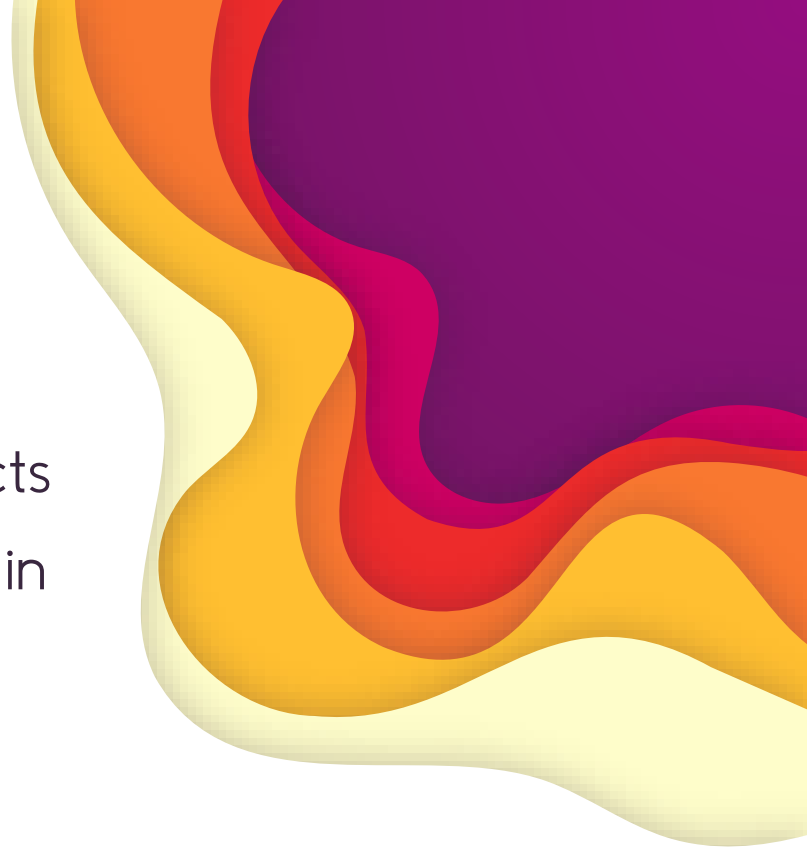
# *Family Interventions should also be considered*

Literature suggests teaching specific communication skills used in Motivational Interviewing could benefit cannabis discussion



# CBD and Psychosis Treatment

- Cannabidiol may have antipsychotic effects and few adverse side effects
- A few studies have looked at CBD in early psychosis
- Very well tolerated
- Evaluated as an adjunct to other medications
- Results are mixed



# Summary

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

# Public Policy Implications

- Decrease access to high potency THC, especially for youth
- Develop and test cannabis interventions for YA-P
- Harm reduction strategies are hopeful and should be outlined in guidelines for providers (low THC, higher THC/CBD ratio, low frequency use)

# Public Policy Implications

- Increase awareness of connection – for public and providers
- For medical cannabis cards, stricter requirements and recommendations for those with psychosis
- Screen youth with cannabis use disorder for clinical high risk for psychosis



# Contact

Denise Walker, PhD

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

Teen Marijuana Check-Up  
Resources

- <https://depts.washington.edu/iprg/TMCU%20Implementation.html>

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- Royalty Research Fund



Mid-America (HHS Region 7)

**MHTTC**


Mental Health Technology Transfer Center Network  
Funded by Substance Abuse and Mental Health Services Administration

# Take Our Survey

**Follow the link**

<https://ttc-gpra.org/P?s=821433>

**OR**

**Use your smartphone's  
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