



UNIVERSITY of MARYLAND  
SCHOOL OF MEDICINE



# Using Motivational Enhancement Strategies to Address Problem Cannabis Use in CSC Services

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The Second National Conference on Advancing Early Psychosis Care  
Early Psychosis Pre-Conference  
Cannabis and Psychosis Panel Session  
Wednesday, October 2, 2019



# Objectives

- 1. Review ways to use MI/ME strategies at the start of FEP treatment**
- 2. Discuss ways to use MI/ME strategies during FEP treatment**
- 3. Learn how to integrate MI/ME with CBT to prepare for change**



## Using MI/ME Strategies at the Start of Treatment

- Use with education
- State change as the goal
- Elicit change talk
  - Use history and patterns
  - Decisional balance
  - Readiness ruler
  - Normative feedback
  - Values card sort
  - How is problem cannabis use a barrier?

*In our work in this program, we have learned that not using cannabis is the best way for you to reduce your symptoms, achieve your goals, and feel good now and in the future. Different people do this in different ways and on different timelines. Some stop right away. Others cut down over time. Many stop for a while and see how things improve and then decide their next steps. You are the best judge of what will work for you. There are many strategies to help you stop using and feel OK when you're ready to stop. There are many things we can do to help you prepare to stop using if you're not ready quite yet.*



# Teen Marijuana Check-Up\*

## TMCU Session 1

- Teen's story of cannabis use
- Reasons for using
- Reasons for abstaining
- Concerns teen may have about his/her cannabis use
- How teen sees cannabis fitting into his/her life currently and over the long-term

## TMCU Session 2

- Review of Personal Feedback Report (PFR)
- History of use
- Patterns of alcohol and drug use
- Normative data
- Problems related to cannabis
- Costs/benefits of reducing use
- Situational confidence
- Life goals



# Provide Normative and Personalized Feedback

(Blevins et al., 2018; Walker et al., 2016)

## Normative feedback

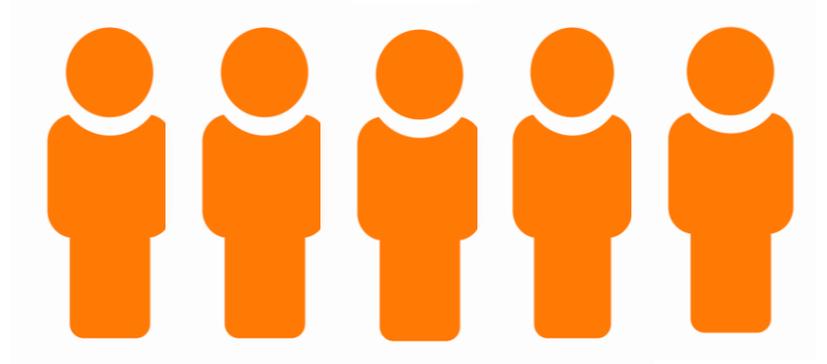
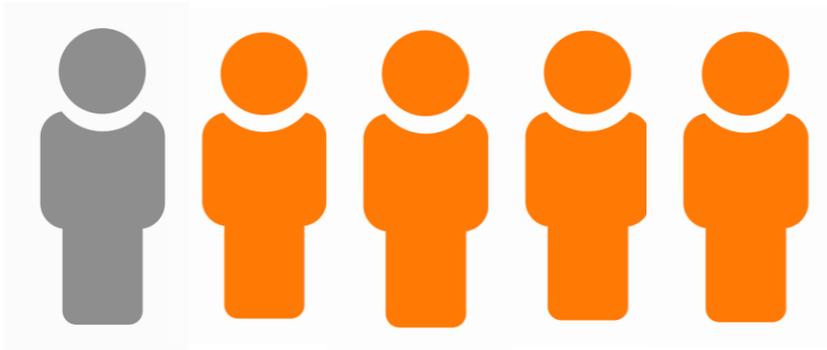
- Age of first use compared with national rates for that age group from SAMHSA. Presented pictorially.
- Frequency of use compared with county rates of youth use compared to teen's their age from WSDH. Presented as pie chart showing percentage of students who used cannabis at different levels including none.

## Personalized feedback

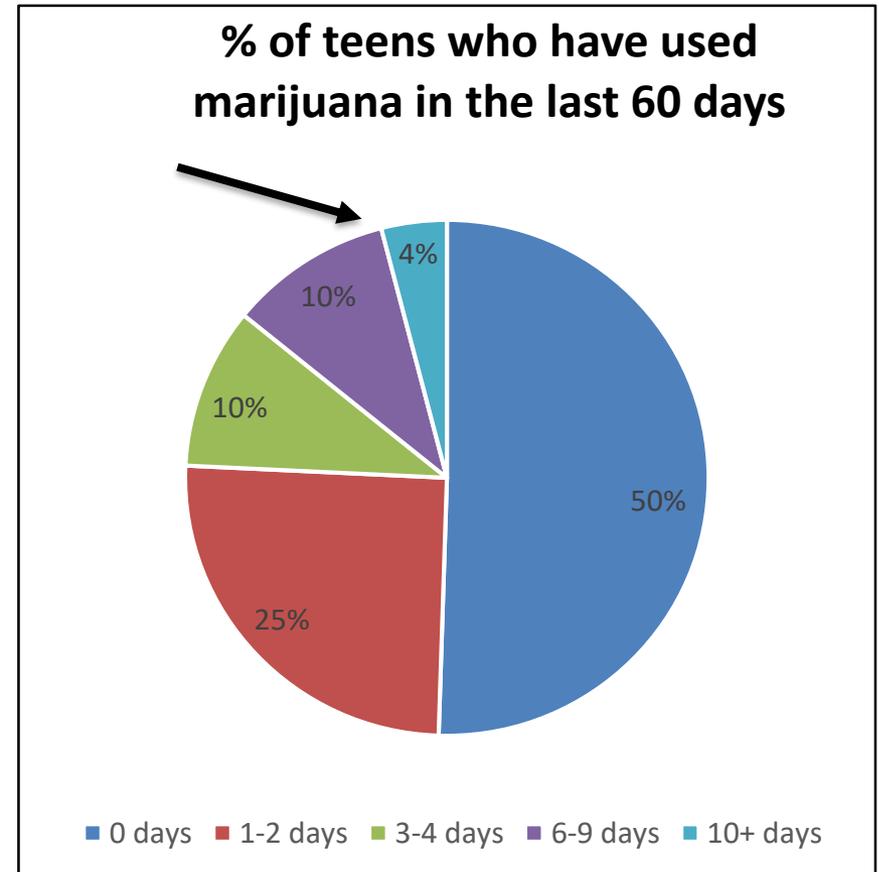
- Self-reported risk factors for problematic use
  - Use before and during school
  - CUD symptoms
  - Amount of money spent
  - Marijuana's impact on life goals
  - Marijuana's relevance to important relationships
- Repeat report and discuss change over time



# Sample PFR Graphics



**1 in 10 14-year-olds have used marijuana**





# Using MI/ME Strategies during FEP Treatment

- **Discuss cannabis use and problems regularly**
  - *What would improve in your life if you cut down on using?*
  - *How would not using support your values?*
  - *How would reducing use make you feel better?*
- **Integrate into all aspects of treatment**
- **Frequent check-ins**

*Sometimes when we meet we check in on how you're thinking about reducing marijuana use. As you know, in this program our goal is to work with people to reduce or stop use because that is one of the best predictors of having fewer symptoms and feeling good now and in the future. Different people have different timelines for doing this. The last time we talked, you were thinking that maybe you would cut down during the week. How are you thinking about this these days?*



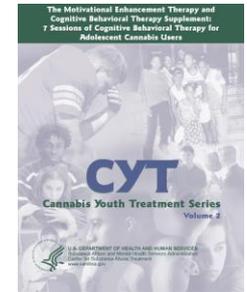
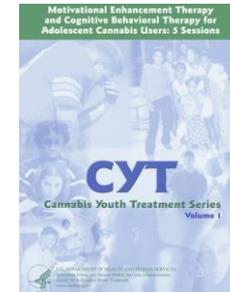
## Integrate MI/ME with CBT to Prep for Change

- Practice coping skills
- Learn problem solving
- Strengthen social support
- Try new activities
- Identify and plan for high risk situations
- Learn to cope with cravings
- Sample reduction
- Sample abstinence

*I hear you that you are not ready to make any major changes in your use right now. I appreciate that you are open with me about this. The changes you make are up to you and something that we will continue to talk about. Even though you're not ready to change right now, we can work on a few skills so that when you decide the time is right to make some changes, you'll know a few things about coping with tough situations without using. When you think about eventually reducing or stopping using, what are some things that you think would be tough to deal with?*



# MET + CBT for Adolescent Cannabis Users



## Sampl & Kadden, 2001

- S1 (I): Rapport, PFR
- S2 (I): Goal setting, functional analysis
- S3 (G): Cannabis refusal skills
- S4 (G): Enhancing social support network; increasing pleasant activities
- S5 (G): Planning for emergencies; coping with relapse

## Webb, Scudder, Kaminer & Kadden, 2002

- S6 (G): Problem solving
- S7 (G): Anger awareness
- S8 (G): Anger management
- S9 (G): Effective communication
- S10 (G): Coping with cravings and urges to use
- S11 (G): Depression management
- S12 (G): Managing thoughts about cannabis



## Summary

- **CSC clinicians can use MI/ME strategies to actively address problem cannabis use at the start and throughout FEP treatment.**
- **CSC clinicians regularly use these strategies and can apply them to cannabis use.**
- **As our clients move towards *wanting* to change, we can help by *preparing* them to change.**
- **CSC models provide tools to integrate MI/ME with CBT.**