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## Endorsements

As cannabis use becomes more accepted and prevalent across the world, the need for evidence-based interventions will continue to grow. The *CANDIS* program was developed by Europe's leading cannabis intervention research group and builds on the key components of more brief interventions: motivational enhancement and cognitive-behavioral therapies. This ten-session intervention adds psychosocial problem-solving training for those wishing to abstain from cannabis use. The evidence of its efficacy with younger people with cannabis use disorder is extremely impressive and the manual is a valuable guide for clinicians in the field with the capacity for a longer therapeutic relationship.

— **Jan Copeland, PhD,**

Professor and international researcher on cannabis use disorders,  
author of the evidence-based *Marijuana Brief Intervention* program

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The *CANDIS* program is a step forward in understanding and reducing cannabis use in young people. This program provides a comprehensive approach towards abstinence, offering a wide array of evidence-based techniques for managing cravings and withdrawals, while promoting engagement in more positive activities. The *CANDIS* program has already been shown to be effective in large clinical studies, and now presents us with an opportunity to improve the lives of the millions of young people who struggle with cannabis-related problems worldwide.

— **Joseph Firth,**

Doctoral researcher, University of Manchester

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*CANDIS* is a treatment manual that provides the reader with all the information needed . . . to successfully engage cannabis users in this modular program. Complete with a CD-ROM and handouts guiding participants through the sessions, this manual is a comprehensive learning tool for professionals. Decision-makers and anyone interested in this topic will find plenty of examples and vignettes, making the manual an enjoyable read.

— **Marica Ferri,**

Head of the Best Practice Sector of EMCDDA and author of several systematic reviews on effectiveness of interventions for drug demand reduction

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I am always excited when a clearly beneficial, evidence-based therapeutic method is applied to addiction treatment. Now that cannabis use disorders are becoming more prevalent, we desperately need thorough, thoughtful interventions to educate about the harms of use and present concrete strategies for cessation. *CANDIS* provides an outstanding goal-oriented curriculum to motivate and support those with cannabis use disorders to accept their disease and live life without the need for marijuana.

— **Marc J. Myer, MD, FASAM,**

Author of *Marijuana: A Prevention and Education Toolkit for Communities*

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I am happy to highly recommend *CANDIS: A Marijuana Treatment Program for Youth and Adults* as a comprehensive treatment approach to the serious problem of cannabis use disorders. Cannabis has historically been viewed as a less “real” substance problem, and those suffering the effects of chronic misuse have described feeling overlooked within traditional treatment programs. This talented and thoughtful group of researchers and translators of science have created a wonderful resource to aid in the treatment of cannabis use disorders. This book reflects the culmination of important work aimed at translating scientific findings into practical strategies. The content is highly relevant, useful, and thorough as a guide for clinicians, therapists, program developers, and administrators who are interested in addressing this public health concern.

— **Karen Steinberg, PhD,**  
Assistant professor of psychiatry

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Eva Hoch and her distinguished team of treatment developers and researchers have produced a work that is rare in the adolescent cannabis disorder field. *CANDIS: A Marijuana Treatment Program for Youth and Adults* details a science-based, clinically insightful, and eminently practical book for the full range of substance abuse and mental health therapists. Representing many years of rigorous, indeed exemplary, treatment research, the *CANDIS* approach brings a well-specified, developmentally-based, and integrative model to the field. *CANDIS* can be used as an impactful intervention unto itself in diverse clinical settings. Yet the ideas, methods, and wisdom of the authors are likely to have significant value for practitioners of other models as well. This book will become a standard, must-have how-to manual for youth treatment providers.

— **Howard Liddle, EdD,**  
Professor of public health sciences, University of Miami, and author of  
*Multidimensional Family Therapy for Adolescent Cannabis Users*



# CANDIS



## **A Marijuana Treatment Program for Youth and Adults**

Eva Hoch, PhD

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Jana Henker, MSc

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*Editor's notes*

Readers should be aware that websites listed in this work may have changed or disappeared between when this work was written and when it is read.

The case examples mentioned in this publication are composites; names and details have been changed to protect the privacy of patients.

This publication is not intended as a substitute for the advice of health care professionals.

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We dedicate this book to the participants of *CANDIS* treatment projects. They helped us understand the nature of cannabis use disorders and develop this treatment program. May many people benefit from it!

Dr. Eva Hoch  
Lead author  
May 2017

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## How to Use the CD-ROM

This manual comes with a CD-ROM that contains printable resources needed for implementing *CANDIS*. The needed handouts and resources are compiled in packets by curriculum session for easy duplication. Blank pages have been inserted in the handout packets so they can be printed doubled-sided. All files are in PDF format and can be accessed using Adobe Reader®. If you do not have Adobe Reader, you can download it for free at [www.adobe.com](http://www.adobe.com).

Whenever you see this icon  in the manual, this means the resource is located on the CD-ROM.

The CD-ROM resources cannot be modified, but they can be printed for use within your setting without concern of copyright infringement. For a complete list of what is contained on the CD-ROM, see Appendix B in this manual or the Read Me First document on the CD-ROM.





## **Introduction for Facilitators**

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# Background Information on the Program

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## **What Is *CANDIS*?**

*CANDIS* is an evidence-based, ten-session marijuana treatment program for older adolescents (sixteen or older) and adults. It addresses both the behavioral and biological causes of the development and continuation of a marijuana addiction, also known as a cannabis use disorder. The program is based on three principal best practices: motivational enhancement therapy (MET), cognitive-behavioral therapy (CBT), and psychosocial problem-solving training (PPS).

*CANDIS* provides very clear steps on how to treat individuals with cannabis use disorders. It should be implemented by licensed clinical staff, whenever possible, such as certified psychologists, medical doctors, licensed alcohol and drug counselors, and certified social workers with experience in the field of addiction treatment. This treatment approach was developed for outpatient settings but can be used in inpatient settings as well. It can also be used in criminal justice settings, community-based programs, and primary practice settings.

## **What Are the Goals of *CANDIS*?**

By using the *CANDIS* program, six therapy goals should be achieved. The participant should

- recognize his or her problems associated with marijuana use
- accept therapy and participate regularly in treatment
- choose abstinence as his or her goal of treatment
- stop using marijuana
- remain abstinent by using relapse prevention strategies
- learn to solve psychological and social problems effectively without the use of marijuana

### What Are the Best Practices Used in *CANDIS*?

*CANDIS* uses three best practice therapies:

1. *Motivational enhancement therapy* (MET).<sup>1</sup> This treatment approach helps to identify and increase the participant's willingness to change his or her marijuana use. Interventions for motivational enhancement are applied mainly at the beginning of therapy with *CANDIS*, but also in later treatment sessions (see chapter 3 for more information on the use of MET with *CANDIS*).
2. *Cognitive-behavioral therapy* (CBT).<sup>2</sup> By applying elements of cognitive-behavioral therapy, information and skills are presented that help the participant stop using marijuana and learn to lead an abstinent life (see chapter 4 for more information on the use of CBT with *CANDIS*).
3. *Psychosocial problem-solving training* (PPS).<sup>3</sup> Using this best practice helps the participant improve his or her problem-solving ability. Psychological or social problems can often be a cause or a consequence of marijuana use. Learning new problem-solving skills in treatment enables the participant to recognize and solve current and future problems (see chapter 5 for more information on the use of PPS with *CANDIS*).

During the *CANDIS* treatment process, these treatment practices are applied separately and in combination.

### What Is Covered in *CANDIS*?

#### ***Diagnostic session***

Before implementing the *CANDIS* curriculum, it is recommended that a comprehensive assessment be completed with the participant during a diagnostic session. Chapter 7 discusses several assessment tools and diagnostic objectives, as well as the *CANDIS*-specific assessment tools provided on the CD-ROM. The information gathered from this session will guide the therapeutic sessions with the participant.



***Therapeutic sessions 1–3***

In sessions 1, 2, and 3, the primary treatment goals are to enhance motivation for treatment participation and to change marijuana use patterns. Discussing the results of the diagnostic session helps the participant become more aware of his or her problems connected with marijuana use. The participant also learns about the biopsychosocial factors that often cause a cannabis use disorder. He or she also carefully weighs the reasons for quitting and for continuing marijuana use, and discusses concerns about stopping use through a “decisional balance” exercise. All of these strategies help to increase the participant’s motivation to change so that behavioral change can be initiated.

***Therapeutic sessions 4–6***

In sessions 4 through 6, a target day—on which the participant will stop or reduce marijuana use—is planned out, implemented, and maintained by using techniques such as cognitive-behavioral therapy. The participant learns to identify his or her own triggers and high-risk situations for using marijuana, while also learning new skills that can be used in his or her daily routines (such as coping strategies to deal with cravings for marijuana, relapse situations, and difficult social situations). These skills are important in helping the participant achieve permanent abstinence from marijuana (the primary treatment goal).

***Therapeutic sessions 7–10***

Psychosocial problem-solving training is part of sessions 7 and 8, in which the participant learns how to use problem-solving strategies to solve existing psychological or social problems. These strategies are applied and evaluated for effectiveness. In session 9, the relationship between marijuana use and other mental health disorders is discussed. In session 10, the participant learns to deal with social pressure to use marijuana. This session also provides a conclusion to the *CANDIS* therapy.

**Who Is *CANDIS* Designed For?**

The *CANDIS* program is mainly designed for individuals who are voluntarily seeking professional support and who show at least a minimum of motivation to change. As stated earlier, it can be used in either an outpatient or inpatient treatment setting. Using *CANDIS* in an outpatient treatment setting can be especially successful with participants who have a strong and stable support system in favor of the participant’s goal to stop using marijuana. Additionally,

the person should be willing to accept and agree to participate in the structure of an outpatient program (that is, he or she should be prepared to actively collaborate with the facilitator, regularly participate in the sessions, and comply with the therapy plan).

Here are some other guidelines to determine if *CANDIS* is an appropriate therapy for a particular individual:

- The person's primary substance use problems are with marijuana.
- The individual is at least sixteen years old.
- The person is able to read and write (although accommodations could be provided).

The *CANDIS* therapy program can be helpful both for individuals who stopped marijuana use some months before therapy and for those who are still using marijuana. In either case, all of the *CANDIS* treatment components can enhance the participant's ongoing change processes and self-efficacy.

The *CANDIS* program is not designed for

- people under the age of sixteen
- people whose main presenting problem is severe alcohol dependence (especially when experiencing withdrawal symptoms) or dependence on drugs other than marijuana
- people with severe opioid use disorder or severe stimulant use disorder
- people who are severely intoxicated from opioids or stimulants
- people with severe psychiatric disorders (such as psychosis) or suicidality
- people with severe learning disabilities or neurological issues

Children and adolescents coming into treatment often report problems with their parents/guardians or problems at school. For youth younger than sixteen, family-oriented treatment approaches are recommended (such as multidimensional family therapy<sup>4</sup>) rather than *CANDIS*, as they include family members in the therapeutic process. For a participant who meets the diagnostic criteria for more than one substance use disorder (for example, the person also has an alcohol use disorder), marijuana should be the primary drug of abuse when

using *CANDIS*. Especially when a participant has another substance use disorder that is accompanied by symptoms of severe physical withdrawal, that substance use disorder should be treated before using *CANDIS*.

The use of medications with psychotropic properties or actual intoxication (for example, from opioids or stimulants) can impair the cognitive capacities needed to understand and benefit from *CANDIS*. Therefore, someone who is currently using these medications should not be involved in the *CANDIS* treatment program. Lastly, *CANDIS* therapy was not developed for marijuana users with a co-occurring psychosis or schizophrenia and was not tested for its efficacy among this clientele.

Experts in the addiction treatment field highlight how alcohol use in particular can negatively affect the treatment of cannabis use disorders. Participants using alcohol are not only at risk for marijuana relapse, but also for substituting one substance for another, with similar effects.

Studies show that people with a cannabis use disorder commonly have a co-occurring mental health disorder, such as depression, anxiety, and, to a lesser extent, psychotic disorders such as schizophrenia (for more information, see chapter 2). For this reason, the topic of “marijuana and other mental disorders” is discussed with the participant in session 9. Since participants in marijuana treatment often mention their fear of cannabis-induced psychosis, this subject is also addressed in this session. A participant should undergo extensive screenings for mental health disorders prior to beginning the *CANDIS* program (for more information, see chapter 7).

The treating facilitator or physician should clarify if treatment or medications for a mental health disorder are needed in addition to the treatment of the cannabis use disorder. *CANDIS* should not be used with a participant who (a) has a severe mental health disorder that should be addressed before treating a cannabis use disorder, (b) is at risk of endangering self and others (such as suicidality), or (c) who has mental health symptoms that may hamper or jeopardize the *CANDIS* therapy (for example, severe cognitive impairments, severe depression or anxiety, or severe avoidance disorders such as agoraphobia or social phobia). Severe learning disorders or neurological issues and associated cognitive deficits as well as language barriers may also make it difficult to participate in *CANDIS*.

### What Are the **CANDIS** Program Materials?

The *CANDIS* program materials include this manual, which provides background information for the program facilitator and a curriculum to be used by the facilitator with participants, along with a CD-ROM and DVD. The *CANDIS* program consists of ten treatment sessions. Each session is designed to last ninety minutes, but can be reduced to fifty to sixty minutes if needed. Each session focuses on a specific topic with a clear goal and learner outcomes. The ten sessions are

- Session 1: Introduction to the *CANDIS* Program
- Session 2: The Benefits of Use and the Benefits of Change
- Session 3: Understanding Your Marijuana Use Patterns
- Session 4: Preparing for Your Target Quit Day
- Session 5: Debriefing the Target Day and Dealing with Cravings
- Session 6: Relapse Prevention
- Session 7: Problem Solving, Part 1
- Session 8: Problem Solving, Part 2
- Session 9: Marijuana and Co-occurring Mental Health Disorders
- Session 10: Dealing with the Social Pressure to Use

The curriculum includes step-by-step instructions on how to implement each session. All session handouts are included in a reproducible format on the CD-ROM that accompanies this manual. The handouts for each session are compiled into one packet for easy duplication. It is possible that you will not need to use all of the handouts in each session packet. The instructions of each session will tell you which handouts to use depending on the status of the participant (e.g., the participant needs to increase motivation, needs to reset his or her target day, or is dealing with withdrawal symptoms or relapse). The end of each session in this manual also shows thumbnail images of all of the handouts used in that session. In addition, the program includes an optional twenty-minute video on the basics of marijuana that can be shown as a supplementary resource during session 1.

In order to get to know the participant, his or her history and marijuana use patterns, and thus to apply the curriculum effectively, be sure to conduct an initial interview that includes extensive diagnostics (using, for example, questionnaires on marijuana use, level of motivation to change, and any other

physical and psychological issues; see chapter 7). Also, implement drug screenings (such as a urine test) to help control drug use, not only at the beginning of treatment but also periodically during the program.

It is important to fully explain the *CANDIS* program and how the program works during the participant's initial interview. This interview is also a time to explain the role and expectations for the participant in order to achieve successful treatment results. During this initial interview, work to build a trusting relationship so the participant feels he or she "is in good hands." Building a solid therapeutic alliance is crucial. Without it, it is unlikely that the participant will continue treatment in the face of a relapse or crisis—both situations often happen in the treatment of cannabis use disorders—or that the participant will be willing to change old behavior patterns and use new unfamiliar strategies.

Interviewing techniques that help establish a trusting therapeutic relationship include active listening, empathy, and acceptance of the other.<sup>5</sup> In some cases, it may be helpful to inform the participant that in a treatment program like *CANDIS*, he or she might have to open up more than in other health care programs or settings.

### **How Are the *CANDIS* Sessions Structured?**

All of the *CANDIS* sessions follow the same structure, which includes these components:

- Welcome, review last session's key concepts, and assess the participant's level of marijuana use
- Introduce the session
- Review homework
- Work on today's therapy topic
- Assign homework
- Summary, outlook, and *CANDIS* Flashlight handout

A session proceeds as follows:

#### **a. Welcome, review last session's key concepts, and assess the participant's level of marijuana use**

Each session starts with a review of the week and allows the participant to report his or her level of success applying the material from the last session in daily life. The facilitator should positively reinforce and praise any progress. Difficulties in practicing the learned skills should be

addressed (detailed information on what caused the difficulties—such as specific triggers, thoughts, feelings, or reactions—should be discussed). A brief review of the last session’s content is done to make sure the participant understands the key concepts. If there are misunderstandings, key concepts should be reviewed again. At this point in the session, the facilitator and participant assess the participant’s marijuana use over the past week and determine if he or she was able to achieve the therapy goal (abstinence or reduction of marijuana use). The participant’s motivation to change is also assessed.

**b. Introduce the session**

The facilitator explains the goals and key content to be covered in the current session.

**c. Review homework**

Reviewing homework allows the participant to share any new experiences since the last therapy session. If difficulties occurred, this is a time to review relevant topics from past sessions and to outline new strategies. Using motivational enhancement therapy techniques can help strengthen the participant’s self-efficacy.

**d. Work on today’s therapy topic**

Detailed, step-by-step instructions lead the facilitator through each session and provide background information on the topics covered. Additionally, the curriculum offers suggested scripts of what the facilitator should say to the participant.

**e. Assign homework**

Homework assignments serve as a way to practice new skills learned in the therapy sessions. They also help to prepare the participant for the content of the next therapy session.

**f. Summary, outlook, and *CANDIS* Flashlight handout**

At the end of each session, the participant and the facilitator briefly review the key concepts covered in the session, and the participant is asked to give personal feedback on how helpful the session was. This process of review and feedback is a central element of each therapeutic session. A facilitator’s question at the end of session could be: “How would you summarize the most important therapy topics of today’s session from your point of view?” or “Which issues seem to be most important for you

today?” These summaries strengthen the participant’s new experiences and help translate newly learned behaviors to daily life. The participant can write down what he or she has learned on each session’s *CANDIS* Flashlight handout. Finally, the facilitator briefly introduces the next session’s content.

### ***Handouts***

Handouts are used in all of the *CANDIS* sessions. They often outline strategies for changing marijuana use patterns or contain charts for monitoring one’s own behavior (such as triggers for cravings or thoughts about marijuana). Additionally, the handouts often teach key concepts, such as the five steps of problem solving. The handouts are an important part of the therapy and help translate and generalize the participant’s new knowledge from the treatment sessions into everyday life. As mentioned earlier, each session’s handouts are compiled in packets on the CD-ROM. Except for homework assignments, you may want to keep the participant’s completed handouts on-site because many of them are referenced in future sessions. Give all handouts to the participant at the end of the program.

### **What Should Be Done to Prepare to Teach the *CANDIS* Program?**

Prior to the start of treatment, the facilitator should read through this manual and become familiar with its content and structure. Although the manual gives an overview of basic principles and specific information on the treatment of cannabis use disorders, the facilitator should also take the time to become familiar with the techniques of motivational enhancement therapy and cognitive-behavioral therapy, if these are new to him or her.

### **How Should the *CANDIS* Program Be Implemented?**

Not every participant will change his or her marijuana use (that is, become abstinent or reduce use) after session 4. Some are basically willing to change, but either do not carry out a target day or relapse shortly after the target day. Others are quite ambivalent and are not ready to change their use. The benefits of using marijuana are still more important than the benefits of abstinence or a reduction of marijuana use. The participant may still have fears, concerns, and other barriers that lead to continued marijuana use.



If a participant is not successful in abstaining or reducing his or her use, facilitators should do the following:

- a. If a participant has not carried through on a target day at all or has immediately fallen back into old marijuana use patterns after the target day, repeat the content covered in session 4 (preparation for a target day) and plan a new target day with the participant. With a participant who has repeatedly failed to make a target day or relapsed several times, it can be more helpful to focus on subgoals (such as being abstinent for one day or a part of a day). These periods of abstinence can then gradually be extended. If a participant has planned to reduce his or her marijuana use and did not achieve this treatment goal, either focus on gradually reducing his or her marijuana use or encourage him or her to choose complete abstinence, which is often easier in the long run.
- b. For a participant who is very ambivalent to change, repeat the content from session 2 (looking at the pros and cons of use and the participant's motivation) and work on his or her motivation to change using motivational enhancement therapy techniques. In these cases, exploring and resolving ambivalence is the highest priority. This is viewed as a precondition for real change. For a participant, this might mean focusing on his or her motivation in all ten sessions of the *CANDIS* program instead of focusing on the other therapy elements (cognitive-behavioral therapy, psychosocial problem-solving training) or increasing the number of sessions. (Session 5 offers specific guidance on this issue.)

It is recommended that the *CANDIS* program be started with a high frequency of treatment sessions (such as two appointments per week [each either ninety minutes or fifty to sixty minutes in length]). This higher frequency of sessions in the beginning helps establish and maintain high motivation to change. After session 7 (Problem Solving, Part 1), reduce the frequency of sessions to once per week. Between sessions 9 and 10, schedule a fourteen-day interval. For better treatment success, implement the entire program within eight to twelve weeks. Having a clearly defined start and finish to the *CANDIS* program is attractive to many participants. Young participants especially report that completing ten sessions over eight weeks seems “manageable” and “feasible.” Using this time frame, the *CANDIS* program is seen as something that can reasonably be completed while also dealing with other responsibilities in life.



### **How Can You Strengthen the Therapeutic Relationship?**

Below are some important strategies for building a trusting therapeutic relationship with a participant throughout the entire program.

- Use techniques of motivational enhancement therapy: Listen actively, ask open-ended questions, use reflective statements, and avoid a patronizing style that might cause resistance in the participant.
- Use clear and simple wording. Avoid long words and complicated terms.
- Praise the participant's successes—even those that are quite small.
- Promote the participant's self-efficacy by encouraging him or her to share earlier success in life. Such successes can help a participant see that he or she is capable of stopping marijuana use.
- Point out a participant's strengths, abilities, and resources. Help him or her identify and use those things.
- Make sure the participant understands the central goals and key concepts of each treatment session.
- Make sure the participant was really able to achieve the goals of the previous session. If not, spend some time reviewing those key concepts.
- Do not speak too fast, be sure to review what has been taught, and check for the participant's understanding during each therapy session. Some participants might have cognitive impairments (of attention or memory) due to long-term and intensive cannabis use and may not be able to keep up with your pace.
- Feel free to present the content using your own personal style and words. The scripts that are provided are only suggested wording.
- Read through the relevant parts of the manual prior to each session.
- Adjust the content to the age, life experiences, and education level of your participant.
- Clearly explain session exercises and check to make sure the participant understands them correctly.
- Schedule some time at the beginning of each session for debriefing of homework assignments.

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- Schedule some time for role playing and encourage active participation from the participant.
- Avoid expecting too much or demanding too much from a participant.
- Closely watch for any changes in motivation and willingness to change.
- If he or she is able to do so, let the participant fill in the handouts for each session.

### **Is *CANDIS* an Evidence-Based Program?**

Developed in Germany, *CANDIS* is an evidence-based program with significant positive outcomes in both a research study and clinical practice study. In the research study, 50 percent of participants were abstinent at the end of treatment and another 30 percent reported a significant reduction in marijuana use. In the treatment group, 41 percent of the urine samples were negative compared to only 12.5 percent in the control group. Many more significant improvements were seen—for example, reducing the severity of dependence, the number of days unable to work or go to school, and the overall severity of psychological problems. These treatment effects remained largely stable in follow-up assessments done three and six months after the end of therapy.<sup>6</sup>

In a study done to translate *CANDIS* into a clinical practice, at post-assessment, 53.3 percent of participants were abstinent compared to 22 percent in the control group. The treatment participants significantly reduced their frequency of marijuana use, the number of cannabis use disorder criteria met, severity of dependence, and the number and severity of cannabis-related problems. After completing the intervention, participants rated their satisfaction with the *CANDIS* therapy on average as “very good.”<sup>7</sup> For more information about the research behind *CANDIS*, see appendix A.

*CANDIS* has won several research awards in Germany and has been recognized internationally as one of the most effective treatment approaches for cannabis use disorders.

## **A *CANDIS* Case Example: Mike**

### ***The first interview with Mike***

Mike, a twenty-two-year-old student, calls a local treatment center for help with his marijuana use. He reports that he has been smoking marijuana daily for eight years. Due to various problems, he has decided to finally change his marijuana use. One of the students in his class who had participated in the *CANDIS* program some time ago recommended that he give it a try.

Mike arrives on time for the first interview. The young man appears to be in good physical shape and is dressed well. He is friendly, approachable, and seems very open to talking about his problem with marijuana. Mike states that he can't and doesn't want to continue using marijuana the way he has been. Due to his marijuana use, he has neglected his studies in business management and has fallen far behind in his classes. He's concerned that if something doesn't change, he may not graduate from college. He says he's struggling with motivation and misses many classes. Whenever he sits down at his desk to study, he has difficulty concentrating.

While doing his reading assignments for school, by the time he reaches the end of a passage, he often forgets what he read at the beginning. During the last two years, he has tried to control his marijuana use about five times but has been successful for only a few days. When he tries to quit, he experiences withdrawal symptoms and can't think of anything else but smoking, has problems falling asleep at night, and sweats a lot. Mike also says that he feels depressed and gets stomachaches whenever he tries to quit.

He says he's not using any drugs other than marijuana. When he was younger, he used ecstasy during parties and tried psychotropic mushrooms, but would only take them about every six months with a friend. Mike hopes that by being in the *CANDIS* program he can learn to control his marijuana use, so he can still use on special occasions (birthday parties or New Year's Eve, for example). He came to therapy to learn strategies so he could achieve his goal of controlling his marijuana use.

### ***Mike's use history***

Mike was born in Santa Ana, California, where he lived with his brother (two years younger), his sister (eight years younger), and his mother. His parents have been divorced since Mike was fourteen. Until the divorce, his childhood

was happy and protected. Now he has only occasional contact with his father, who is paying Mike's tuition and living expenses while he's in college. After Mike graduated from high school, he moved to Los Angeles for college, where he lives in a shared apartment. Besides his two roommates, he barely has any other friends and no significant other.

His first contact with marijuana happened at the age of twelve with a friend after school. By the age of fourteen, he was a regular marijuana user since most of his friends used too. When he turned seventeen, he started smoking by himself more frequently. Smoking marijuana helped him relieve stress and relax. At the same time, he became very unmotivated and less active in outdoor activities. Since the start of college, Mike's marijuana use has increased greatly, and it isn't uncommon for him to be smoking right after breakfast. Even when he has a lot of studying to do, he ends up smoking marijuana instead. It's just become automatic for him. He doesn't give it much thought anymore. After he smokes, he tells himself: "Now that the day is nearly over, I'll just study tomorrow." Mike has done this so much that he's hardly done any of the work required in his courses, which makes him feel like a "loser" and a "failure."

During the day, Mike smokes about two ounces of marijuana, usually with a water pipe (bong). He smokes the last bong of the day shortly before going to sleep. In the morning, he is really tired and gets up very late. When he was in high school, he used to be quite active; he played on the school's football team and was a drummer in a band. But somehow, all these activities aren't important anymore. Sometimes Mike doesn't even leave his apartment for days, except to buy cigarettes, pizza, and weed.

Psychologically, Mike seems to be aware and able to talk with people, but he speaks slowly and his affect is flat. Mike appears interested during the initial interview and seems motivated to be part of the *CANDIS* program. After the initial interview, an extensive psycho-diagnostic examination is done.

### ***The therapy sessions***

#### ***Session 1***

Through his search on the Internet, Mike already has a basic understanding of marijuana and how it affects the brain and body. He knows that THC (cannabinoid delta-9-tetrahydrocannabinol) is the substance in marijuana that causes a person to feel a "high." In the first *CANDIS* session, he learns how THC creates that high by affecting the endocannabinoid system in the brain. He's told that

the brain naturally creates neurotransmitters that work in the brain's endocannabinoid system to create a sense of relaxation and pleasure. Mike learns that regular marijuana use floods the brain's endocannabinoid receptors at much higher levels than normal and leads to structural changes in the brain. With these brain changes, Mike experiences cravings to use, withdrawal symptoms when he tries to quit, and tolerance, which means he needs to use more marijuana to get the same effect. When Mike learns that the brain can only recover from the effects of marijuana after long-term abstinence, he questions whether his original goal of just cutting down his use is really going to work.

In session 1, Mike also learns about the model of classical conditioning that explains how situations, people, feelings, and so on can turn into triggers that cause him to crave marijuana. Immediately, he identifies some of his personal trigger situations, including looking at his sofa where he uses marijuana most of the time and meeting with his friend Alex, whom he uses with. Mike learns that the goal of reducing his use might actually be more difficult to achieve than completely abstaining from marijuana. At the end of the session, the *CANDIS* facilitator gives Mike feedback on the results of the assessments he did prior to the session and tells Mike that the results show he meets the criteria for a cannabis use disorder—meaning he is addicted to marijuana—and he also has depression.

### *Session 2*

During this session, Mike reflects on his most important motives for using marijuana. He mainly uses marijuana to unwind, relax, and forget about problems. Additionally, he uses in order to avoid withdrawal symptoms and because he finds it difficult to fall asleep without smoking marijuana. Mike says: “Actually I just smoke out of habit, and I’ve been doing that for a long time.” Then he identifies individual reasons for wanting to change his marijuana use, including doing better in college, improving his memory, and regaining his “drive and motivation.” He also says it’s important to prove that he is able to quit, because he never thought of himself as an addict or “pothead.” Mike also thinks that his depression is a consequence of marijuana use. Getting rid of the depression is very important to him and is a strong motivation to quit.

At the end of the session, all of Mike’s motives are written down, including his motives to continue using and his motives to quit. Mike discovers that both his motives to use and to change carry exactly the same weight. Mike realizes that he would be less motivated to use marijuana if he could find other ways to

relax. Additionally, it doesn't make sense to him that he uses marijuana to forget about problems that were caused by marijuana in the first place. When the *CANDIS* facilitator asks him about his personal goal for changing his marijuana use, Mike is still uncertain. While he wants to reduce his use in a big way, it is still quite hard for him to imagine quitting completely.

### *Session 3*

Together with his *CANDIS* facilitator, Mike identifies his typical triggers for marijuana use. These classically conditioned situations activate the "addiction memory" and thus can trigger cravings. Mike carefully looks at some marijuana use situations that he commonly experiences. He considers these trigger situations, his thoughts about using in those situations, and how those triggers make him feel physically and mentally. Mike also reflects on how his experience with marijuana has changed over time. When he first started using, his experience was entirely different: Smoking while listening to music was something special, and the high he got made him want to laugh all the time with his friends. Nowadays, he smokes marijuana just to feel "normal." At the end of this session, Mike's *CANDIS* facilitator informs him that in the next session he will talk to Mike about strategies for changing marijuana use.

### *Session 4*

Mike doesn't show up for session 4. His *CANDIS* facilitator calls him on the phone. Mike answers and says that he overslept and agrees to set a new appointment. At the beginning of the next appointment, the facilitator asks Mike about his true motivation to change. Mike replies that he thought about it a lot and realizes that he still isn't ready for a permanent change but has become clear about his goal. He intends to quit marijuana use completely for six months. Once he achieves a "clear mind," he then wants to consider strategies for using marijuana from time to time in the future. The facilitator congratulates Mike on his thoughtful approach and desire to change, as well as his confidence in being able to achieve his goal. Together they plan a start day. Mike plans to quit marijuana use the day after tomorrow. He adds that he knows his triggers for marijuana use well and is making plans to manage them. First, he wants to empty his apartment of marijuana and any smoking paraphernalia and rearrange his living room furniture because that is where he would smoke marijuana.

In order to distract himself from smoking, Mike has set up a detailed activity plan for his target day and several days after that. During the day-time, he plans on playing lots of sports and going to movies. In the evenings, he wants to get together with former friends and other students he hasn't seen in quite a while. Regarding the people he used to use marijuana with regularly, like his friend Alex, he wants to tell them his reasons for quitting. He has set up a time in two days to talk with Alex in person. Since Mike knows that he has a terrible time falling asleep without smoking marijuana, he plans on going to his doctor right after the session to get a prescription for a suitable sleeping medication.

Together with his *CANDIS* facilitator, Mike records his intentions and his strategies on the My Contract for Change handout, which he plans to hang up above his computer at home. The *CANDIS* facilitator stresses how important it is for Mike to come to the next session, even if he has other important things to do. Setting a target day and following through on it is a very big step, and Mike will need support.

#### *Session 5*

Mike shows up to the session feeling somewhat depressed. He was able to quit smoking marijuana on the target day and the following day, but yesterday he found a joint in his jacket pocket and started smoking without thinking. The *CANDIS* facilitator reinforces Mike's successes during the previous week and encourages him to continue. Additionally, he asks Mike which strategies worked and which did not. Mike says his activity plan helped him the most by distracting him from thinking about marijuana too often. He also had a very positive talk, despite some doubts, with his using friend Alex. Alex fully understood his motivation and even said that he had thought about quitting and that he might try to quit, too. Mike also reports throwing his bong off a nearby bridge into a river as a symbolic act.

After this discussion, the *CANDIS* facilitator explains the contents of session 5 on dealing with cravings. Mike learns that cravings are common and that they don't last forever. He learns that if he puts off his decision to smoke marijuana for about thirty minutes after a craving starts, he will find that he has gotten through the worst part of the craving. Knowing how to "ride out" these cravings will help him not use. He also learns some other strategies that may help him overcome cravings in the future.



*Session 6*

Mike comes to the session feeling really upbeat and happy. He tells the *CANDIS* facilitator that he hadn't smoked any marijuana since the last session. This means he didn't use any marijuana for ten days, something which hasn't happened for the past ten years! He is full of energy and feels "like a million dollars!" The facilitator encourages Mike and congratulates him for his success. The main subject of session 6 is relapse prevention. During the session, Mike identifies possible reasons that he would relapse. Mike's most dangerous situations are during parties, especially after he's had some alcohol. Additionally, he could imagine a time when he might want to try marijuana to see if he could control his use, such as on weekends. Mike identifies strategies to cope with these situations and sets up his personal "emergency plan." Mike talks with his facilitator about what it means to have a "lapse." He learns that a lapse doesn't mean he has failed. The most important thing about a lapse is to learn from the situation, so he can avoid using in the future. A lapse doesn't mean he should give up entirely.

*Session 7*

During session 7, Mike reports that he was able to maintain his abstinence. Since Mike knows that today's session will focus on "problem solving," he asks at the beginning if it would be possible to change the subject. After all, he says, he knows a lot about solving problems since he managed to get his high school diploma and is going to college. He only has to remember not to ignore problems when they come up, such as with his studies. The *CANDIS* facilitator asks Mike if he would be open to putting his problem-solving strategies to the test and compare them with other problem-solving approaches.

Mike learns about a process that will help him identify a problem, its possible solutions, and the consequences of each solution. He decides to apply this model to an actual problem. For some time now, Mike has felt uncomfortable with his father supporting him financially through college, since he is so far behind in his studies. Mike would like to talk with his father about this, but he doesn't know how or when to do so. Whenever he sees his father, he can't bring himself to talk about it. Mike knows his father would be very angry to learn that Mike is not doing well in school, and the discussion could easily end in a fight. Mike uses this new problem-solving approach to identify various strategies



he could use and scores each of them according to their chances for success. After analyzing the problem in this way, he decides to write a letter to his father explaining his situation.

#### *Session 8*

During session 8, Mike reports that he has taken steps to address the problem of letting his father know that he was not doing well in school. He wrote a letter to him explaining his school situation. Afterward, they had a long and positive talk over the phone in which his father was very receptive. He would continue to support Mike financially as long as Mike agreed to regularly share how he was doing in school. Additionally, Mike reports that he was able to maintain his abstinence from marijuana over the past week. In the second part of the session, Mike learns how to apply this new problem-solving approach to a different situation: his concerns about preparing for final exams at school.

#### *Session 9*

Session 9 deals with co-occurring mental health disorders and marijuana. Mike was diagnosed with depression during the initial assessment for the *CANDIS* program. The facilitator goes over the symptoms of depression and how depression and marijuana use are often related. Mike recognizes how he started using marijuana to treat the uncomfortable symptoms of depression, but using marijuana only increased his symptoms of depression over time. He realized he was in a vicious cycle. Due to marijuana use, Mike became more and more unmotivated and barely did any activities with friends or at school. As a result, he hardly ever had any positive experiences and so became more and more depressed. This led him to increase his marijuana use, and the vicious circle continued on and on.

Mike considers starting psychotherapy for his depression after concluding the *CANDIS* program. In the meantime, he wants to see if his depression improves after a longer period of abstinence.

#### *Session 10*

At the beginning of session 10, Mike reports that he was able to stay abstinent from marijuana again this week. The facilitator congratulates him for his success and also his commitment and perseverance during the program. Initially, Mike isn't interested in going through the information in the last session on communication skills and learning to refuse offers to use marijuana. He thinks

he already has very strong communication skills. In a past job, he was required to give business presentations by himself and he had done well. His professors have also praised his presentation style.

The facilitator encourages Mike to still talk about the subject and share what he knows. Together with his facilitator, Mike identifies what positive communication looks like; he learns about the difference between passive, aggressive, and assertive communication; and he learns strategies to refuse offers to use marijuana. Mike says it will be a challenge to tell his old friends from his hometown that he has quit marijuana. He is sure his friends will be smoking marijuana the next time they get together. Using a role play with his facilitator, Mike practices refusing to use marijuana with his old friends in an assertive way.

At the end of this session, which is the end of Mike's involvement in the *CANDIS* program, the facilitator asks Mike to evaluate his experience with this program. Mike mentions that the information in the first session on how THC affects the brain was especially important in motivating him to set a personal goal to try quitting marijuana. During the first days of abstinence, the information on how to avoid triggers, manage cravings, and plan alternative behaviors was very helpful to him. Mike also adds that he really appreciated that the facilitator never made him feel bad, and he was able to set his own goals and work toward them the way he wanted to.



# CANDIS Scope and Sequence

SCOPE AND SEQUENCE		
SESSION TITLE	SESSION GOAL	SESSION LEARNER OUTCOMES
<p><b>Session 1</b>  <b>Introduction to the CANDIS Program</b></p>	<p>Introduce the participant to the <i>CANDIS</i> program and provide education on marijuana use and cannabis use disorders. Also, work to increase the participant’s motivation to change his or her marijuana use.</p>	<ul style="list-style-type: none"> <li>• Describe the effects and consequences of marijuana use.</li> <li>• Explain how harmful marijuana use and dependence happens.</li> <li>• Analyze his or her personal marijuana use patterns.</li> <li>• Describe the criteria for cannabis use disorders.</li> <li>• Increase his or her motivation to change his or her marijuana use (by applying MET techniques).</li> </ul>
<p><b>Session 2</b>  <b>The Benefits of Use and the Benefits of Change</b></p>	<p>Help the participant explore the benefits of continuing marijuana use versus the benefits of changing his or her use.</p>	<ul style="list-style-type: none"> <li>• Identify the most important motives for his or her marijuana use.</li> <li>• Identify the most important motives for changing his or her marijuana use.</li> <li>• Recognize the possible contradictions between his or her motives to use and motives to change.</li> <li>• Accept abstinence as the primary therapy goal in this program.</li> <li>• Describe and address any concerns or barriers to stopping marijuana use.</li> <li>• Increase motivation to change his or her marijuana use (by applying MET techniques to reveal discrepancies and enhance self-efficacy).</li> </ul>

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SCOPE AND SEQUENCE (CONTINUED)		
SESSION TITLE	SESSION GOAL	SESSION LEARNER OUTCOMES
<b>Session 3</b> <b>Understanding Your Marijuana Use Patterns</b>	Help the participant review his or her marijuana use patterns to identify triggers that may lead to use. The participant then analyzes what thoughts, feelings, and behaviors occur as a result of these triggers.	<ul style="list-style-type: none"> <li>• Identify his or her personal triggers, reactions, and consequences of marijuana use.</li> <li>• Describe why he or she has developed problematic use or dependence on marijuana.</li> <li>• Accept abstinence as the goal of this program.</li> <li>• Increase his or her motivation to change (by applying MET techniques).</li> </ul>
<b>Session 4</b> <b>Preparing for Your Target Quit Day</b>	Help the participant reach the point where he or she sets a date to quit marijuana (or reduce use). Also, discuss ways to handle life after marijuana use, so withdrawal symptoms and cravings can be managed well.	<ul style="list-style-type: none"> <li>• Accept abstinence as an aim of this program.</li> <li>• Describe strategies to prepare for his or her target quit day.</li> <li>• Describe strategies for coping in situations that cause cravings for marijuana.</li> <li>• Describe common marijuana withdrawal symptoms and possible coping strategies.</li> <li>• Increase motivation to change his or her marijuana use (by applying MET techniques).</li> </ul>
<b>Session 5</b> <b>Debriefing the Target Day and Dealing with Cravings</b>	Talk about the participant's experience with his or her target quit day, regardless of whether it was successful or not. Also, focus on strategies to understand and manage cravings.	<ul style="list-style-type: none"> <li>• Accept abstinence as his or her goal in the <i>CANDIS</i> program.</li> <li>• Use strategies to continue to remain abstinent (or become abstinent).</li> <li>• Describe how cravings happen and how to cope with them.</li> <li>• Reinforce himself or herself for behavior changes and progress in therapy.</li> <li>• Increase motivation to change his or her marijuana use (by applying MET techniques).</li> </ul>

SCOPE AND SEQUENCE (CONTINUED)		
SESSION TITLE	SESSION GOAL	SESSION LEARNER OUTCOMES
<b>Session 6 Relapse Prevention</b>	Help the participant understand what a relapse is, what causes a relapse, and how to create a relapse prevention plan.	<ul style="list-style-type: none"> <li>• Accept abstinence as his or her therapy goal.</li> <li>• Know how to prepare and carry out a target day (if it was not carried out already).</li> <li>• Describe his or her individual high-risk situations for relapse.</li> <li>• Explain his or her personal emergency plan in case of relapse.</li> <li>• Identify (even the smallest) successes he or she has had.</li> <li>• Increase motivation to change his or her marijuana use (by applying MET techniques).</li> </ul>
<b>Session 7 Problem Solving, Part 1</b>	Introduce problem-solving training. Have the participant identify specific personal problems and let him or her find and apply approaches to solve those problems.	<ul style="list-style-type: none"> <li>• Accept abstinence as his or her goal in the <i>CANDIS</i> program.</li> <li>• Explain how to prepare for a target day (if it was not carried out already).</li> <li>• Remain abstinent from marijuana.</li> <li>• Identify personal problems.</li> <li>• Explain a process for solving problems.</li> <li>• Apply this problem-solving process to personal problems.</li> </ul>
<b>Session 8 Problem Solving, Part 2</b>	Review the problem-solving process introduced in session 7 and have the participant continue to practice applying this process to personal problems.	<ul style="list-style-type: none"> <li>• Accept abstinence as his or her goal in the <i>CANDIS</i> program.</li> <li>• Explain how to prepare for a target day (if it was not carried out already).</li> <li>• Identify personal problems.</li> <li>• Explain a process for solving problems.</li> <li>• Apply this problem-solving process to personal problems.</li> </ul>

SCOPE AND SEQUENCE (CONTINUED)		
SESSION TITLE	SESSION GOAL	SESSION LEARNER OUTCOMES
<b>Session 9</b> <b>Marijuana and</b> <b>Co-occurring</b> <b>Mental Health</b> <b>Disorders</b>	Provide information on the issue of cross-addiction (to other substances) and the most common mental health disorders that occur in people who use marijuana. Also, help the participant seek appropriate help if he or she is experiencing cross-addiction or a co-occurring mental health disorder.	<ul style="list-style-type: none"> <li>• Increase motivation to change his or her marijuana use.</li> <li>• Explain how marijuana users can be at risk for relapsing with drugs other than marijuana.</li> <li>• Distinguish between normal feelings and signs of a mental health disorder.</li> <li>• Explain the correlation between marijuana use and possible co-occurring mental health disorders.</li> <li>• Describe how psychotic symptoms can be signs of intoxication or drug-related psychotic disorders.</li> <li>• Explain the benefits of seeking professional help to treat a co-occurring mental health disorder.</li> </ul>
<b>Session 10</b> <b>Dealing</b> <b>with Social</b> <b>Pressure</b> <b>to Use</b>	Help the participant develop the skills and strategies needed to resist pressure from others to use marijuana. Also, give the participant the opportunity to review what he or she has learned and to create a plan for ongoing growth in recovery.	<ul style="list-style-type: none"> <li>• Accept abstinence as his or her goal in the <i>CANDIS</i> program.</li> <li>• Explain how to prepare for his or her target day (if it was not carried out already).</li> <li>• Describe strategies that will help him or her remain abstinent.</li> <li>• Describe how to communicate his or her needs and feelings in assertive ways.</li> <li>• Demonstrate how to refuse offers to use marijuana.</li> </ul>






# Materials and Preparation Needed



This chart describes the materials and preparation needed to facilitate each session:



MATERIALS AND PREPARATION NEEDED		
SESSION TITLE	MATERIALS NEEDED	PREPARATION NEEDED
<p><b>Session 1</b> <b>Introduction to the <i>CANDIS</i> Program</b></p>	<ul style="list-style-type: none"> <li>• Initial assessment resources packet (if completed), which contains:               <ul style="list-style-type: none"> <li>- Key Assessment Questions</li> <li>- Marijuana Use Questionnaire</li> </ul> </li> <li>• Session 1 handout packet, which contains:               <ul style="list-style-type: none"> <li>- Marijuana Use Diary</li> <li>- Cannabis Use Disorder Model</li> <li>- <i>CANDIS</i> Flashlight</li> </ul> </li> <li>• Pen or pencil</li> <li>• Additional resource: <i>CANDIS</i> video (23 minutes; included with the <i>CANDIS</i> program)</li> </ul>	<ul style="list-style-type: none"> <li>• If the Key Assessment Questions, Marijuana Use Questionnaire handout, or other diagnostic instrument was completed with the participant prior to the session, review the results before the session begins.</li> <li>• Make one copy of the session 1 handout packet for the participant and one copy for yourself for reference. If the participant has already filled out the Marijuana Use Questionnaire, or other diagnostic instruments, make copies of those completed materials for the participant as well.</li> <li>• If you would like to use the <i>CANDIS</i> video (optional): Preview the video so you are familiar with its contents and set up the equipment to watch the video or provide a means for the participant to watch the video independently.</li> </ul>
<p><b>Session 2</b> <b>The Benefits of Use and the Benefits of Change</b></p>	<ul style="list-style-type: none"> <li>• Session 2 handout packet, which contains:               <ul style="list-style-type: none"> <li>- Marijuana Use Diary</li> <li>- The Benefits of Use and the Benefits of Change</li> <li>- <i>CANDIS</i> Flashlight</li> </ul> </li> <li>• Pen or pencil</li> </ul>	<ul style="list-style-type: none"> <li>• Make one copy of the session 1 handout packet for the participant and one copy for yourself for reference.</li> </ul>


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MATERIALS AND PREPARATION NEEDED (CONTINUED)		
SESSION TITLE	MATERIALS NEEDED	PREPARATION NEEDED
<b>Session 3</b> <b>Understanding Your Marijuana Use Patterns</b>	<ul style="list-style-type: none"> <li>• Session 3 handout packet, which contains:               <ul style="list-style-type: none"> <li>- Marijuana Use Diary</li> <li>- Knowing Your Marijuana Triggers</li> <li>- Cannabis Use Disorder Model</li> <li>- <i>CANDIS</i> Flashlight</li> </ul> </li> <li>• The participant's completed session 2 handout packet (for reference during this session)</li> <li>• Pen or pencil</li> </ul> 	<ul style="list-style-type: none"> <li>• Make one copy of the session 3 handout packet for the participant and one copy for yourself for reference.</li> <li>• Be prepared to review the biopsychosocial model information that you discussed in session 1.</li> </ul>
<b>Session 4</b> <b>Preparing for Your Target Quit Day</b>	<ul style="list-style-type: none"> <li>• Session 4 handout packet, which contains:               <ul style="list-style-type: none"> <li>- Marijuana Use Diary</li> <li>- My Contract for Change</li> <li>- Strategies for Change</li> <li>- <i>CANDIS</i> Flashlight</li> </ul> </li> <li>• Pen or pencil</li> </ul> 	<ul style="list-style-type: none"> <li>• Remind the participant to bring the session 3 handout packet, including his or her homework assignment from session 3 that involved further work on the Knowing Your Marijuana Triggers handout. This packet should be kept on-site for reference during this and future sessions.</li> <li>• Make one copy of the session 4 handout packet for the participant and one copy for yourself for reference.</li> </ul>
<b>Session 5</b> <b>Debriefing the Target Day and Dealing with Cravings</b>	<ul style="list-style-type: none"> <li>• Session 5 handout packet, which contains:               <ul style="list-style-type: none"> <li>- Marijuana Use Diary</li> <li>- Withdrawal Symptoms Assessment</li> <li>- Strategies for Change</li> <li>- The Course of a Craving</li> <li>- Tracking Your Cravings</li> <li>- <i>CANDIS</i> Flashlight</li> </ul> </li> <li>• Completed session 2 and session 4 handout packets (for reference during this session)</li> <li>• Pen or pencil</li> </ul> 	<ul style="list-style-type: none"> <li>• Make one copy of the session 5 handout packet for the participant and one copy for yourself for reference.</li> <li>• In case the participant hasn't been successful with his or her target day, be prepared to review the content and handouts from session 2 on motivation and session 4 on setting a new target day.</li> </ul>



MATERIALS AND PREPARATION NEEDED (CONTINUED)		
SESSION TITLE	MATERIALS NEEDED	PREPARATION NEEDED
<p><b>Session 6</b> <b>Relapse Prevention</b></p>	<ul style="list-style-type: none"> <li>• Session 6 handout packet, which contains:  <ul style="list-style-type: none"> <li>- Marijuana Use Diary</li> <li>- Withdrawal Symptoms Assessment</li> <li>- Relapse Questionnaire</li> <li>- My Personal Emergency Plan</li> <li>- <i>CANDIS</i> Flashlight</li> </ul> </li> <li>• Completed session 2 and session 4 handout packets (for reference during this session)</li> <li>• Index cards</li> <li>• Pen or pencil</li> </ul>	<ul style="list-style-type: none"> <li>• Make one copy of the session 6 handout packet for the participant and one copy for yourself for reference.</li> <li>• Be prepared to review the content and handouts from session 2 if the participant is struggling with motivation, or session 4 if the participant needs help resetting his or her target day.</li> </ul>
<p><b>Session 7</b> <b>Problem Solving, Part 1</b></p>	<ul style="list-style-type: none"> <li>• Session 7 handout packet, which contains:  <ul style="list-style-type: none"> <li>- Marijuana Use Diary</li> <li>- Withdrawal Symptoms Assessment</li> <li>- Relapse Questionnaire</li> <li>- My Personal Emergency Plan</li> <li>- Steps for Solving a Problem</li> <li>- Problem-Solving Plan</li> <li>- Brainstorming Solutions</li> <li>- <i>CANDIS</i> Flashlight</li> </ul> </li> <li>• Contact information for community resources</li> <li>• Pen or pencil</li> </ul>	<ul style="list-style-type: none"> <li>• Make one copy of the session 7 handout packet for the participant and one copy for yourself for reference.</li> <li>• Compile a list of community resources that may be useful for the participant. Think about the problems this particular participant is facing and tailor the list to their needs. For example, if the participant needs a job, provide a list of job training centers or job placement services.</li> <li>• Make an additional copy of the “Problem-Solving Plan” and “Brainstorming Solutions” handouts that the participant can take home and use to complete his or her homework assignment.</li> </ul>

MATERIALS AND PREPARATION NEEDED (CONTINUED)		
SESSION TITLE	MATERIALS NEEDED	PREPARATION NEEDED
<b>Session 8</b> <b>Problem Solving, Part 2</b>	<ul style="list-style-type: none"> <li>• Session 8 handout packet, which contains:  <ul style="list-style-type: none"> <li>- Marijuana Use Diary</li> <li>- Withdrawal Symptoms Assessment</li> <li>- Relapse Questionnaire</li> <li>- My Personal Emergency Plan</li> <li>- Steps for Solving a Problem</li> <li>- Problem-Solving Plan</li> <li>- Brainstorming Solutions</li> <li>- <i>CANDIS</i> Flashlight</li> </ul> </li> <li>• List of contact information for community resources (developed for session 7)</li> <li>• Pen or pencil</li> </ul>	<ul style="list-style-type: none"> <li>• Make one copy of the session 8 handout packet for the participant and one copy for yourself for reference.</li> <li>• If desired, add to the list of community resources that was given to the participant during session 7.</li> </ul>
<b>Session 9</b> <b>Marijuana and Co-occurring Mental Health Disorders</b>	<ul style="list-style-type: none"> <li>• Session 9 handout packet, which contains:  <ul style="list-style-type: none"> <li>- Marijuana Use Diary</li> <li>- Withdrawal Symptoms Assessment</li> <li>- Relapse Questionnaire</li> <li>- My Personal Emergency Plan</li> <li>- Marijuana and Other Addictions</li> <li>- Marijuana and Mental Health Issues</li> <li>- <i>CANDIS</i> Flashlight</li> </ul> </li> <li>• Pen or pencil</li> </ul>	<ul style="list-style-type: none"> <li>• Make one copy of the session 9 handout packet for the participant and one copy for yourself for reference.</li> </ul>

MATERIALS AND PREPARATION NEEDED (CONTINUED)		
SESSION TITLE	MATERIALS NEEDED	PREPARATION NEEDED
<p><b>Session 10</b>  <b>Dealing with Social Pressure to Use</b></p>	<ul style="list-style-type: none"> <li>• Session 10 packet, which contains:                             <ul style="list-style-type: none"> <li>- Marijuana Use Diary</li> <li>- Withdrawal Symptoms Assessment</li> <li>- Relapse Questionnaire</li> <li>- My Personal Emergency Plan</li> <li>- Communication Styles</li> <li>- Refusing Marijuana Offers</li> <li>- <i>CANDIS</i> Flashlight</li> </ul> </li> <li>• Pen or pencil</li> </ul> 	<ul style="list-style-type: none"> <li>• Make one copy of the session 10 handout packet for the participant and one copy for yourself for reference.</li> <li>• Review the previous sessions and be prepared to give a brief overview to the participant.</li> </ul>