



SESSION 1: INTRODUCTION TO THE *CANDIS* PROGRAM

METHODS

- Psychoeducation
- Motivational enhancement therapy (MET)

MATERIALS NEEDED

- Initial assessment resources packet and/ or other diagnostic instruments that were completed in the initial interview. The initial assessment packet contains: 
 - Key Assessment Questions
 - Marijuana Use Questionnaire
- Session 1 handout packet, which contains: 
 - Marijuana Use Diary
 - Cannabis Use Disorder Model
 - *CANDIS* Flashlight
- Pen or pencil
- Additional resource: *CANDIS* video (23 minutes; included with the *CANDIS* program)

continued

Session Goal

Introduce the participant to the *CANDIS* 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.

Learner Outcomes

At the end of this session, the participant will be able to

- Describe the effects and consequences of marijuana use.
- Explain how harmful marijuana use and dependence happens.
- Analyze his or her personal marijuana use patterns.
- Describe the criteria for cannabis use disorders.
- Increase his or her motivation to change his or her marijuana use (by applying MET techniques).

Session Overview

1. Welcome and exploration of marijuana use (20 minutes)
2. Introduction to the session (10 minutes)
3. An overview of marijuana and cannabis use disorders (50 minutes)
4. Summary of the session (10 minutes)

PREPARATION NEEDED

- 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. Make copies of these completed materials for the participant.
- Make one copy of the session 1 handout packet for the participant and one copy for yourself for reference.
- If you would like to use the *CANDIS* 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.

Important!

The *CANDIS* sessions are timed out to be 90 minutes in length and this was the session length used in the original *CANDIS* studies. However, sessions can be shortened to 50 or 60 minutes by spending less time on each activity.

Using the Video

It is very important to deliver session 1 fully and to establish a strong therapeutic relationship with the participant. The video is an excellent add-on, but should not replace the one-on-one contact outlined in this session. There is a lot of research on the “dosage” of MET, and findings are consistent: a longer intervention is more effective than a brief one. If you are going to use the video, make it an add-on activity to the session outlined here.

Session Outline

Welcome and exploration of marijuana use

>> 20 minutes

1. After the initial interview and one or more diagnostic sessions, in which a history of the participant's marijuana use has been recorded and the participant has been diagnosed with a cannabis use disorder, therapy begins with this first session.
2. The facilitator should welcome the participant and explain the *CANDIS* program, the number of sessions, and the goals of the program. Explain the length of each session and how often you will meet with the participant. Briefly explain the role of the facilitator and the role of the participant. Stress that the facilitator is a guide in this process, but the participant will ultimately decide how much he or she participates. It's important to note that those who invest time in this process will get the most out of it. Also, stress that the participant is ultimately the one who will decide whether to change his or her marijuana use. No one can make this decision for him or her.
3. Explain: **Before you can make an educated decision about cutting down or quitting your marijuana use, it is helpful to reflect on and become more aware of what your current marijuana use looks like. Let's take a look at your marijuana use over the past seven days. Please be as honest as you can with this. This information is meant to help you in your decision-making process.**
4. Give the participant a copy of the session 1 handout packet and a pen or pencil. Turn to the Marijuana Use Diary and fill it out together with the participant. Instructions for filling in this information are included on the handout. Read the instructions out loud together; then fill in the handout as completely as possible. The participant may not remember his or her exact use on each day. Stress that you are looking for best estimates at this time. Allow the participant to ask questions and make comments as you fill in the handout together. If the participant didn't use marijuana, have him or her write this on the handout. This can be very reinforcing!

Review copy only. Not for resale.

Introduction to the session

>> 10 minutes

1. Provide a brief overview of the topics to be covered and goals for session 1. Ask the participant what he or she knows about marijuana. Explain that the goal of today's session is to learn more about marijuana use and what marijuana dependence, also known as a cannabis use disorder, is and its symptoms or criteria. You will also talk through a model of the factors that lead to cannabis use disorders.
2. Give the participant copies of his or her results from the Key Assessment Questions and Marijuana Use Questionnaire handout or other diagnostic instruments.
3. Very briefly talk through the results of these assessments, the participant's marijuana use patterns, and the signs that the participant may be experiencing symptoms of harmful marijuana use or a cannabis use disorder. Ask the participant which results of the assessment or consequences of using he or she finds most concerning. Talk through those concerns using motivational enhancement therapy to increase the participant's motivation to change (see chapter 3).

An overview of marijuana and cannabis use disorders

>> 50 minutes

1. Provide and discuss information about marijuana and its psychotropic effects. (Use information from chapter 2 to help with this explanation.)
2. Explain how a cannabis use disorder may develop. Have the participant turn to the Cannabis Use Disorder Model handout in the packet. Talk through the handout using the following script as your guide:
 - a. **Marijuana (which also goes by the names pot, weed, grass, reefer, herb, ganja, Mary Jane, and MJ) is commonly used and is one of the oldest known *intoxicants* (meaning you can get a "high" from using it).**
 - b. **The "high" and many other effects from using marijuana are caused by a chemical called THC (delta-9-tetrahydrocannabinol). This chemical affects, among other brain regions, the "reward system" in the brain. This can lead to feelings of relaxation, contentment, and happiness. Besides THC, the marijuana plant contains about 400 other chemical substances.**

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- c. Some people can use marijuana without any problems or consequences. Others, however, can experience a number of problems, including not being able to control, reduce, or quit their use. Some people, especially those who use marijuana frequently (nearly every day) and over a longer period of time, often report physical, mental, and even social consequences from using.
- d. It is possible to become physically and mentally dependent on marijuana—and to feel that you can't get through the day without it. People who are dependent also say that using the same amount of marijuana doesn't have the same effect anymore; the high becomes less intense with time. In this case, the body has developed a "tolerance" for the drug, which often leads the person to use marijuana more often and in higher doses to achieve the same effects.
- Others experience "withdrawal symptoms" after not using marijuana for some time. They may feel restless, irritable, anxious, or have problems sleeping. Additionally, they may have intense cravings for marijuana. All these symptoms will eventually stop or disappear if the person quits marijuana. Some users report that they have problems at work, with their family, or with recreational activities due to their marijuana use. They have problems concentrating and show up late to school or are repeatedly absent from work. We often hear that marijuana use makes a person feel "indifferent" and lose interest in other activities. Some users withdraw from their friends and isolate themselves.
- e. How does marijuana dependence, or what is called a cannabis use disorder, develop? Research suggests what is called a "biopsychosocial" development model of marijuana dependence. (Point to figure 1 on the Cannabis Use Disorder Model handout.) This means there are three kinds of factors that can contribute to dependence. The first are biological factors. For example, we know that some people have a "genetic predisposition" for developing an addiction, particularly if other family members have struggled with an addiction to substances, too. We also know that regular marijuana use creates changes in the brain's metabolism and that this can cause withdrawal symptoms when marijuana use is discontinued. Social factors include the availability, distribution, and acceptance of a drug in a family, among friends, or in society in general. Psychological factors are also important in the development of dependence and include different learning processes.

- f. Such learning processes include the concept of “classical conditioning.” This concept is very helpful in understanding the development of compulsive drug use, withdrawal symptoms, cravings, and relapse. Here is an example of classical conditioning: A young woman goes to bed around 11 p.m. every night. Before falling asleep, she smokes a “good-night-joint,” which makes her feel quiet and relaxed. Over time, the external stimuli of the situation (for example, it is nighttime, she is in her bedroom, or she is lying in bed) become triggers that cause her to crave marijuana. In this way, an “addiction memory” is established. Places and situations can automatically trigger cravings to use marijuana, even if the person has been abstinent for some time.

Another learning process is called “operant conditioning.” According to this concept, a behavior pattern that leads to positive consequences will likely be repeated in the future. This explains why people will continue using marijuana if it makes them feel relaxed, increases their feelings of well-being, or helps them relieve negative feelings or stress.

Furthermore, “learning by modeling” plays an important role in the development of a cannabis use disorder. As the term implies, we can simply imitate the behavior of other people. This mainly happens when we observe the behavior of another person who seems especially attractive and likable and notice that this person experiences positive consequences from his or her behavior. For example, if we see a person who is well-liked among our circle of friends using marijuana, he or she seems “cool,” and this behavior is well accepted by other people, this may lead us to want to use marijuana so we, too, can be popular with others.

Besides the described learning processes, a person’s attitudes and beliefs also play an important role in the development of dependence. For example, often users are convinced that they can’t relax without marijuana, but they often don’t check to see if that thought is really true.

- g. There are very effective strategies for stopping marijuana use. No one was born a “marijuana user for life!” Even if a person is dependent on marijuana or has a cannabis use disorder, he or she can learn ways to quit and stay quit. You will learn some of these strategies in this program.
3. Discuss how trying to reduce marijuana use can be even more difficult than abstaining altogether. For this discussion, it is essential to talk about the way marijuana interacts with the brain using the script below. Point to figures 2 and 3 on the Cannabis Use Disorder Model handout as you share this information.

We know that repeated marijuana use can cause changes in the brain. (Point to figure 2 on the handout.) This picture shows a simplified view of how information is transferred in the brain. This diagram shows two neurons in the brain; there are approximately 100 billion neurons in a single brain. The space between the two neurons in the picture is called the synapse. Neurons share information via electrical signals. Brain chemicals called “neurotransmitters” play an important role in sending these messages across the synapse from one neuron to the other.

Neurotransmitter messengers cause the two neurons to “communicate,” sending electric signals across the synapse. Our graphic shows an electric signal moving from one neuron to the next. The neurotransmitters stored in one neuron move across the synapse and then bind to certain areas of the next neuron, called “receptors.” Neurotransmitters and receptors fit together like a lock and key. In this way, information is transported from one neuron in the brain to another. When a person uses marijuana, a similar communication process happens. However, it isn’t totally clear how marijuana interferes in this brain process.

The human body naturally produces neurotransmitters, or messengers, called “endocannabinoids” that are similar to certain substances contained in marijuana, such as THC. When a person smokes marijuana, THC moves into the bloodstream through the lungs and then is transported to different organs and the brain. When it reaches the brain, THC mimics the brain’s natural endocannabinoids, but its actions are more intense. It “floods” the brain with much higher doses over a significantly longer period of time. This process causes various effects that people experience with marijuana—for example, the “high.”

When people use marijuana regularly, the body “learns” that cannabinoids are always available in large amounts, and it responds by gradually reducing the number of receptor sites on the neurons. (Point to figure 3 on the handout.) With fewer receptor sites, now the body needs constantly higher doses of THC to achieve the same effects over time. This process is the development of tolerance to THC.

Similar processes in the body also lead to the unpleasant withdrawal symptoms if marijuana is stopped suddenly. The hungry receptors wait for supplies and complain if no new stuff is delivered. That’s what causes the withdrawal symptoms. If the person stops using marijuana completely, the brain will eventually go back to its normal level of receptors, and the withdrawal symptoms will gradually fade away.

If you use marijuana again after stopping for a period of time, your receptors will be rapidly activated again since they have been sensitized by your earlier marijuana use. As a result, you will experience a strong physical craving for marijuana.

This is why just cutting back on marijuana use is much more difficult over time than totally quitting. When you reduce your use, you are still “feeding” your receptors and thus ensuring that they will ask for more (craving) or complain about getting too little (withdrawal symptoms).

4. After discussing this general information about marijuana and marijuana dependence, talk through the diagnostic session results again in order to give the participant feedback on his or her use pattern and the signs of a cannabis use disorder. Use the criteria established by the American Psychiatric Association in their *Diagnostic and Statistical Manual, Fifth Edition (DSM-5)*, which gives an overview of the criteria of a cannabis use disorder. These criteria are listed below.

DSM-5 Diagnostic Criteria for a Cannabis Use Disorder

The *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition*, also known as *DSM-5*, lists the eleven criteria used to diagnose a “cannabis use disorder.” The criteria are as follows:*

A problematic pattern of cannabis use leading to clinically significant impairment or distress, as manifested by at least two of the following, occurring within a 12-month period:

1. Cannabis is often taken in larger amounts or over a longer period than was intended.
2. There is a persistent desire or unsuccessful efforts to cut down or control cannabis use.
3. A great deal of time is spent in activities necessary to obtain cannabis, use cannabis, or recover from its effects.
4. Craving, or a strong desire or urge to use cannabis.

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5. Recurrent cannabis use resulting in failure to fulfill major role obligations at work, school, or home.
 6. Continued cannabis use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of cannabis.
 7. Important social, occupational, or recreational activities are given up or reduced because of cannabis use.
 8. Recurrent cannabis use in situations in which it is physically hazardous.
 9. Cannabis use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by cannabis.
 10. Tolerance, as defined by either of the following:
 - a. A need for markedly increased amounts of cannabis to achieve intoxication or desired effect.
 - b. Markedly diminished effect with continued use of the same amount of cannabis.
 11. Withdrawal, as manifested by either of the following:
 - a. The characteristic withdrawal syndrome for cannabis.
 - b. Cannabis (or a closely related substance) is taken to relieve or avoid withdrawal symptoms.
5. This feedback should not just be a simple verification of the answers to the criteria; instead, carefully scrutinize the participant's feelings and thoughts on each item and positively support any comments indicating the participant's motivation to change. Conduct this discussion using MET techniques. The participant might react with resistance to certain issues and question their validity ("I didn't say that I got into financial problems due to my marijuana use"). In such cases, don't take a defensive position, but rather allow the participant to be the one who knows best about his or her personal life situation. Be sure to discuss the following:
- the participant's marijuana use patterns
 - the age of first marijuana use and the start of a problematic use pattern

Explain that marijuana-related problems are often more severe if use started at a young age (that is, the earlier the onset, the higher the risk to develop severe problems and dependence).

6. As you go over each of the *DSM-5* criteria, and identify the criteria that the participant sees in his or her life, ask: **How do these symptoms appear in your everyday life? Which symptoms are more troubling than others?**

Note: When explaining the features of a cannabis use disorder, avoid labeling the participant as “addicted.” Instead, say that he or she “fulfills the criteria for a cannabis use disorder.” The goal is to assess the participant’s individual problems and express understanding for his or her present situation.

Here is an example of how this discussion might go:

Over time, you’ve had to continually increase your marijuana use in order to get a “good high” like you experienced initially. What you describe is called developing a tolerance for marijuana. Your body gradually got used to THC being in your system. This is a typical characteristic of a cannabis use disorder.

7. Optional: If you have extra time, or as an out-of-session assignment, have the participant watch the *CANDIS* video. Talk about the video afterward.

Summary of the session

>> 10 minutes

1. Briefly summarize the learner outcomes for the session and ask the participant for feedback. If the participant doesn’t sufficiently understand key concepts or has questions or concerns, address them now or at the beginning of the next session.
2. Provide a brief overview of what will be covered in the next session and talk about when that session will take place.

3. Have the participant turn to the *CANDIS* Flashlight handout in his or her packet. Ask the participant to describe, in his or her own words, what he or she has learned in session 1. Have the participant write this information on the handout. This handout allows the participant to review what was most important to him or her from the session.

4. It is recommended that the participant's session handout packets be kept on-site for reference in future sessions, unless there is a homework assignment that needs to be completed between sessions.